

DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

WELL API NO.	30-025-32412
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	B-1534
7. Lease Name or Unit Agreement Name	STATE U-2
8. Well No.	14
9. Pool name or Wildcat	EUMONT YATES 7-RVRS ON GAS
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	

SUNDRY NOTICES AND REPORTS ON WELLS  
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A  
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"  
(FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well:	OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER
2. Name of Operator	CONOCO INC. <005073>
3. Address of Operator	10 Desta Drive Ste 100 W. Midland, TX 79705
4. Well Location	Unit Letter <u>B</u> : <u>910</u> Feet From The <u>NORTH</u> Line and <u>1980</u> Feet From The <u>EAST</u> Line Section <u>15</u> Township <u>22 S</u> Range <u>36 E</u> NMPM LEA County

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: <u>MOVED REP UP ZONE</u> <input checked="" type="checkbox"/>

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

9-12-94 MIRU. RIH W/4JTS TBG. LATCHED ON TO RBP. REL PLUG @ 3530' & MOVED UP TO 3400'.  
SET PLUG & REL ON/OFF TOOL. POH W/6JTS & LEFT BOTTOM OF TBG @ 3200. RDMO & TURNED WELL  
DOWN TO SALES. 9-13-94

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Patrick D. Johnston TITLE STAFF REGULATORY ASSIS DATE 12-19-94  
TYPE OR PRINT NAME PATRICK D. JOHNSTON TELEPHONE NO. 915-686-6551

(This space for State Use) OK

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE DEC 23 1994

CONDITIONS OF APPROVAL, IF ANY: