

Submit: 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

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

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

DISTRICT III
1000 Rio Brason 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 ☒ FEE ☐
6. State Oil & Gas Lease No. B-1534
7. Lease Name or Unit Agreement Name STATE J-2 <003107>
8. Well No. 14
9. Pool name or Wildcat EUMONT YATES 7RVS QN <76480>

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 ☐ GAS WELL ☒ 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 B : 910 Feet From The NORTH Line and 1980 Feet From The EAST Line Section 2 Township 22 S Range 36 E NMEN LEA County	
10. Elevation (Show whether DP, RKB, RT, GR, etc.) 3557	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐		CASING TEST AND CEMENT JOB ☐	
OTHER: ☐		OTHER: SPUD, SET SURFACE CSG ☒	

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.

3-7-94 MIRU SPUD 12 1/4" HOLE @ 6 am. DRILL TO 432'. GIH W/ 9 JTS 24# 8 5/8" K-55 ST&C CSG SET @ 432'. SHOE SET @ 432'. COLLAR SET @ 388'. LEAD SLURRY 22 SX CLASS 'C' CMT W/ 4% GEL & W% CACL. TAIL SLURRY 100 SX CLASS 'C' CMT W/ 2% CACL. DISPLACED W/ 25 bbl FW. BUMPED PLUG @ 6:30 pm ON 3-7-94 W/ 800 PSI. CONTINUE DRILLING 7 7/8" HOLE ON 3-9-94.

NMOCD NOTIFIED @ 5 pm ON 3-7-94.

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

SIGNATURE Bill R. Keathly TITLE SR. REGULATORY SPEC. DATE 3-11-94
TYPE OR PRINT NAME BILL R. KEATHLY TELEPHONE NO. 915-686-5424

(This space for State Use)

APPROVED BY _____ ORIGINAL SIGNED BY JERRY SEXTON _____ DATE MAR 12 1994
CONDITIONS OF APPROVAL, IF ANY: _____ TITLE DISTRICT SUPERVISOR