

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 Brazos Rd., Aztec, NM 87410

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

WELL API NO.
30-025-32530

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

HARDY 36 STATE

8. Well No.

7

9. Pool name or Wildcat

WILDCAT ELLEN-GRANITE WASH

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 E: 2200 Feet From The NORTH Line and 990 Feet From The WEST Line

Section 36 Township 20 S Range 37 E NMPM LEA County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
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.

9-25-94 MURU. SPUD 17 1/2" HOLE TO DEPTH OF 518'. GIH W/ 13 JTS 13 3/8" 54.5# K-55 STC
CSG SET @ 518'. SHOE SET @ 518'. COLLAR SET @ 479'. CEMENT W/ 525 SX CLASS C W/ 2% CACL.
DISPLACED W/ 74 bbl FRESH WATER. CEMENT RETURNS OF 187 SX. BUMPED PLUG @ 1 pm ON 9-26-94
W/ 800 PSI. NMOCD NOTIFIED @ 7 am ON 9-26-94.

9-27-94 CONTINUE DRILLING 12 1/4" HOLE.

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 9-28-94

TYPE OR PRINT NAME BILL R KEATHLY TELEPHONE NO. 915-686-5424

(This space for State Use)

ORIGINAL FILED BY FILED
DISTRICT SUPERVISOR

APPROVED BY _____ TITLE _____ DATE OCT 05 1994

CONDITIONS OF APPROVAL, IF ANY: