

+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

OIL CONSERVATION DIVISION

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

P.O. Drawer DD, Artesia, NM 88210

DISTRICT T11
1000 Rio Brazos Rd., Aztec, NM 87410

WELL API NO.	30-025-32745
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	B-9652
7. Lease Name or Unit Agreement Name	
Warren McKee Brine	
8. Well No.	3
9. Pool name or Wildcat	BSW: Salado

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 type="checkbox"/> OTHER Brine Well	
2. Name of Operator Conoco Inc.	
3. Address of Operator 10 Desta Dr. Ste 100W, Midland, Tx 79705-4500	
4. Well Location Unit Letter M 330 Feet From The South Line and 420 Feet From The West Line Section 2 Township 20S Range 38E NMPM Lea County	
10. Elevauon (Show whether DF, RKB, RT, GR, etc.)	

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 checked="" type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: <input 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.

This well was plugged and abandoned 1/24/00, per the attached documentation from Pool Company.

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

SIGNATURE Reesa Wilkes TITLE Sr. Staff Regulatory Assistant DATE 03/22/00

TYPE OR PRINT NAME Reesa R. Wilkes TELEPHONE NO. 915/686-5580

(this space for State Use)

APPROVED BY [Signature] TITLE Ed. Reg. DATE 5-11-00

CONDITIONS OF APPROVAL, IF ANY:

Distribution: OCD (3), SHEAR, PONCA, COST ASST, FIELD, WELL FILE