Submit 3 Copies
to Appropriate

State of New Mexico

District Office	rnergy nerals and N	Vatural F	Resources Department	Form C-103 Revised 1-1-89	
DISTRICT II  DISTRICT II  DISTRICT II  OIL CONSERVATION DIVISION  310 Old Santa Fe Trail, Room 206			WELL API NO.		
P.O. Drawer DD, Artesia, NM 88210	Santa Fe, Ne	w Mex	i∞ <b>8</b> 7503	30-025-32745	
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410				5. Indicate Type of Lease STATE XX FEE	
	_			6. State Oil & Gas Lease No. B-9652	
SUNDRY NOT	ICES AND REPORTS C	ON WEI	LS	1//////////////////////////////////////	
DIFFERENT RESER	OPOSALS TO DRILL OR TO I RVOIR. USE "APPLICATION -101) FOR SUCH PROPOSAI	DEEPEN FOR PE	OP BLUG BACKTOA	7. Lease Name or Unit Agreement Name	
1. Type of Well:				-	
WELL WELL 2. Name of Operator	отнек В :	rine	Supply Well	Warren McKee Brine Well	
CONOCO, Inc.				8. Well No.	
3. Address of Operator  10 Desta Dr. Sto	10077			9. Pool name or Wildcat	
10 Desta Dr., Ste. 4. Well Location	100W, Midland,	, Tx	79705	BSW Salado (96173)	
Unit Letter M : 330	Feet From The Sou	ıth	Line and 420	Feet From The West Line	
Section 2	Township 20S	P.	nge 38E s		
	10. Elevation (Show	whether	DF, RKB, RT, GR, etc.)	NMPM Lea County	
II. Check A	3575'				
NOTICE OF INTE	ppropriate Box to Ind	ucate N	Nature of Notice, Re	port, or Other Data	
	ENTION TO:		SUBS	SEQUENT REPORT OF:	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	KX	REMEDIAL WORK	ALTERING CASING	
TEMPORARILY ABANDON	CHANGE PLANS		COMMENCE DRILLING	OPNS. PLUG AND ABANDONMENT	
PULL OR ALTER CASING			CASING TEST AND CEM	MENT JOB	
OTHER:			OTHER:	· · · · · · · · · · · · · · · · · · ·	
<ol> <li>Describe Proposed or Completed Operation work) SEE RULE 1103.</li> </ol>	ons (Clearly state all pertinent of	desails, an	nd give pertinent dates, includ	ding estimated date of starting any proposed	
1. Set a C.I.B.P. a	at 1600' with	351 6	of gamest		
2. Circulate hole v	with gelled br	ine w	or cement on t	top.	
3. Spot a 25 sack of	cement plug 350	)'-50	101		
3. Spot a 25 sack cement plug 350'-500'. 4. Spot a 10 sack cement surface plug.					
5. Install a dryhole marker and clear location.					
			-odecion.		

I hereby certify that the information above is true and complete to the best of my knowledge and b	elief.
SIGNATURE Ben Fisher	THE Field Supervisor DATE 08-12-99
TYPEOR PRINT NAME Ben Fisher	TELEPHONE NO. 505-392-659/
/\ \	GARY W. WINK SELENTATIVE II THE PART SERVERSENTATIVE II
CONDITIONS OF APPROVAL IS ANY:	DATE

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