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., Aziec, NM 87410

310 O	ISERVATION Id Santa Fe Trail, Ro ta Fe, New Mexico 8	om 206
	-10, NOW MEXICO	1700

WELL API NO.	
30-025-32746	
5. Indicate Type of Lease	
STATE XX	FEE

SUNDRY NOTICES AND REPORTS ON WELLS	6. State Oil & Gas Lease No. B-9652
SUNDRY NOTICES AND REPORTS ON WELLS	B-9652
(DO NOT USE THIS FORM FOR THE PORTS ON WELLS	
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A	7 Less News or Help to
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)	7. Lease Name or Unit Agreement Name
1. Type of Well:	
OIL GAS WELL GREET Bring Cumple II 11	
	Warren McKoo Deing II 11
- Italia di Optiani	Warren McKee Brine Well
Conoco, Inc.	8. Well No.
3. Address of Operator	4
10 Desta Dr., Ste. 100W, Midland, Tx 79705	9. Pool name or Wildcar
4. Well Location	BSW Salado (96173)
Unit Letter N : 330 Feet From The South Line and 1980	Feet From The West Line
Township 200 Range 38E	MPM Lea County
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	
3568' GR	
11. Check Appropriate Box to Indicate Nature of Notice, Rep	Out or Other Data
5083	EQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON XX REMEDIAL WORK	
The state of the s	ALTERING CASING
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING O	PNS. PLUG AND ABANDONMENT
PULL OR ALTER CASING CASING TEST AND CEME	ENT JOB
OTHER: OTHER:	·
12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, includit work) SEE RULE 1103.	

- 1. Set a C.I.B.P. at 1600' with 35' of cement on top.
- 2. Circulate hole with gelled brine mud.
- 3. Spot a 25 sack cement plug 350'-500'.
- 4. Spot a 10 sack cement surface plug.
- 5. Install dryhole marker and clear location.

I hereby certify that the information above is true and complete to the best of m	Ty knowledge and belief.
SIGNATURE Ben Fish	TITLE Field Supervisor DATE 08-12-99
typeorprot name Ben Fisher	TELEPHONE NO. (505) 392-6591
(Thus space for State Use)	
APPROVED BY Lary Williams	GARY WINK FIELD REPORTED TATIVE 11 PAR 8-27-99
CONDITIONS OF APPROVAL, MIANY:	DATE CONTRACTOR