Submit 3 Copies to Appropriate District Office

State of New Mexico 1gy, Minerals and Natural Resources Departmen.

Form C-103

DISTRICT I

OII CONCEDUATION DIVISION

Revised 1-1-89

P.O. Box 1980, Hobbs, NM 88240		P.O. Box 2088 Santa Fe, New Mexico 87504-2088			WELL API NO. 30-025-33028			
DISTRICT II								
P.O. Drawer DD, Artesia DISTRICT III			~ 0/304-2000	5. Indicate Ty		FEE		
1000 Rio Brazos Rd., Az	iec, NM 87410				6. State Oil &	Gas Lease No.		
St	JNDRY NOTIC	ES AND REPORTS	ON W	FUS	<i>\////////////////////////////////////</i>	3-2656 ///////////////////////////////////	7//////	
(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.)						7. Lease Name or Unit Agreement Name		
1. Type of Well: On. X 2. Name of Operator	GAS	OTHER			Н	lardy 36 State	<u> </u>	
Conoco, Inc.					8. Well No.			
3. Address of Operator					9. Pool name o	21		
10 Desta Dri 4. Well Location	ve, Suite 1	00W, Midland, T	exas	79705	1	impson Ellenb	urger	
i	L : 1980	Feet From The Sou	th	Line and330		om TheWest	Line	
Section	36	Township 20-S	P	tange 38-E	IMPM	Lea		
			whether	DF, RKB, RT, GR, etc.)	ANT M		County	
<u>*////////////////////////////////////</u>	Chack An	3491'				<u> </u>		
	Check Ap	Propriate Box to Ind	ucate	Nature of Notice, Re				
	_				EQUENT	REPORT OF:		
PERFORM REMEDIAL W		PLUG AND ABANDON		REMEDIAL WORK		ALTERING CASING		
TEMPORARILY ABANDO		CHANGE PLANS		COMMENCE DRILLING	OPNS.	PLUG AND ABANDO	NMENT [
PULL OR ALTER CASING CASING TEST AND CE					IENT JOB X			
OTHER				OTHER:				
12. Describe Proposed or Co work) SEE RULE 1103	empleted Operations	(Clearly state all pertinent de	esails, as	d give pertinent dates, includu	ug estimated date (of starting any proposed		
10-13-96: Re	eached TD o	f 10,561'.						
+ sl FI	5% salt + 6 lurry of 230 2-62 + 3/109	ead slurry of 24 3/10% FL-52 + 2/ D sx Class C + 5 % CD-32 + 2/10%	0 sx 10% #/sx SM.	O, K-55 casing, C 35:65 (Poz + Cl SM + 1/4#/sx cel BA-90 + 2#/sx m	ass C) + (loflake, nicro seal	6% gel tail + 1%		
C1 2/	3/10% CD-32	$\begin{array}{cccccccccccccccccccccccccccccccccccc$.15%	R-3, tail slurr + 3% salt + 3/10	v of 700 a	sx		
I hereby certify that the informat	oc something	operate to the best of my knowled	ige and b	died.				
SIGNATURE	Wilch	<u> </u>	_ mu	Regulatory		DATE11-14	-96	
TYPE OR PRINT NAME An	n E. Ritchi	e		(915)	684-6381	/ TELEPHONE NO. 686	5-5424_	
(Thus space for State Use)		kan ya ar sa					-	
APPROVED BY			Trn -					
CONDITIONS OF APPROVAL, IF AN	r y.		- TITLE			DATE		