

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 33924 |
| 5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> | |
| 6. State Oil & Gas Lease No. | |
| 7. Lease Name or Unit Agreement Name | Hardy 36 State |
| 8. Well No. | 15 |
| 9. Pool name or Wildcat | Hardy Simpson-Ellenburger |

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|---|--|
| 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 checked="" type="checkbox"/> Gas Well <input type="checkbox"/> OTHER | |
| 2. Name of Operator Conoco Inc. | |
| 3. Address of Operator 10 Desta Dr. Ste 100W, Midland, Tx., 79705-4500 | |
| 4. Well Location Unit Letter N 990 Feet From The South Line and 1980 Feet From The West Line Section 36 Township 20S Range 37E NMPM Lea County | |
| 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3489' | |

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐
OTHER: ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOB ☐
OTHER: Set intermediate casing ☒

ALTERING CASING ☐
PLUG AND ABANDONMENT ☐

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.

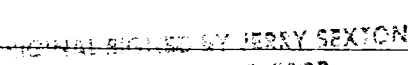
4-29-97: Ran 3832' of 8 5/8", 32#, K-55 casing, cemented with lead slurry of 935 sx 35/65/6 + 10 pps salt + 1/4 pps celloflake, tailed with 200 sx Cl C + 2% CaCl2. Circulated 90 sx to surface. WOC. 1500 psi.

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

SIGNATURE  TITLE Regulatory Agent DATE 5-9-97

TYPE OR PRINT NAME Ann E. Ritchie TELEPHONE NO. 915 684-6381

(this space for State Use)

APPROVED BY  TITLE DATE

CONDITIONS OF APPROVAL, IF ANY: SUPERVISOR