

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 34311
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	B 2656
7. Lease Name or Unit Agreement Name	Hardy "36" State
8. Well No.	26
9. Pool name or Wildcat	South Cass Strawn

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 B 870 Feet From The North Line and 1650 Feet From The East Line Section 36 Township 20S Range 37E NMPM Lea County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3504' GR	

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"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
OTHER: <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
	COMMENCE DRILLING OPNS. <input type="checkbox"/>
	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input checked="" type="checkbox"/>
	OTHER <input type="checkbox"/>

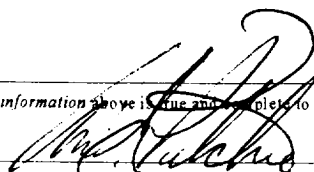
12. Describe Proposed or Completed Operations (Clearly state all pertinent details and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

3-7-98: Rig up and spud.

3-9-98: Ran 1400' of 8 5/8", 23#, M-50 casing, cemented with lead slurry of 365 sx 35/65/6 (Poz/C/Gel) + 1/4#/sk celloflake + 2% CaCl.

Tailed with 200 sx Cl C w/2% CaCl. 42 sx returns to surface. Tested to 1000 psi - held. WOC.

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

SIGNATURE  TITLE Regulatory Agent DATE 4-1-98

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

(this space for State Use)

ORIGINAL SIGNED BY CHRIS WILLIAMS
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE APR 08 1998

CONDITIONS OF APPROVAL IF ANY: