

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 34794
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	State 36 State
8. Well No.	27
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 J 2200 Feet From The South 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.) 3493' GR	

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐  
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐  
PULL OR ALTER CASING ☐  
OTHER: ☐

SUBSEQUENT REPORT OF:

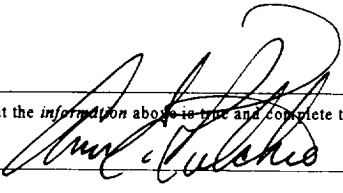
REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☒ PLUG AND ABANDONMENT ☐  
CASING TEST AND CEMENT JOB ☐  
OTHER ☐

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.

2-28-00: Spudded well - 12 1/4" hole.

2-29-00: Ran 9 5/8", J-55, 36# casing to depth of 1531'. Cemented with lead slurry: 400 sx 65:35 POZ, Cl C + 2% CaCl2 + 0.25#/sx celloflake, 12.7 ppg & 1.88 cf/sx. Tailed with 150 sx Cl C + 2% CaCl2, 14.8 ppg & 1.34 cf/sx. Displaced w/fresh water, had 8 bbls cement returns. Plug bumped with 800 psi. WOC. NU BOP. Tested to 2000 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 3-9-00  
TYPE OR PRINT NAME Ann E. Ritchie 915 684-6381 TELEPHONE NO. 915 686-5580

(this space for State Use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: