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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

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| 5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/> |
| 5. State Oil & Gas Lease No. D-1115 |
| 7. Unit Agreement Name |
| 8. Farm or Lease Name State D Com |
| 9. Well No. 1 |
| 10. Field and Pool, or Wildcat Eumont |
| 12. County Lea |

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. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> |
| 2. Name of Operator CONOCO INC. |
| 3. Address of Operator P. O. Box 460, Hobbs, N.M. 88240 |
| 4. Location of Well UNIT LETTER <u>L</u> , <u>1980</u> FEET FROM THE <u>South</u> LINE AND <u>660</u> FEET FROM THE <u>West</u> LINE, SECTION <u>11</u> TOWNSHIP <u>21S</u> RANGE <u>36E</u> N.M.P.M. |
| 15. Elevation (Show whether DF, RT, GR, etc.) |

18. 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"/> | REMEDIAL WORK <input type="checkbox"/> | ALTERING CASINGS <input type="checkbox"/> |
| TEMPORARILY ABANDON <input type="checkbox"/> | CHANGE PLANS <input type="checkbox"/> | COMMENCE DRILLING OPS. <input type="checkbox"/> | PLUG AND ABANDONMENT <input checked="" type="checkbox"/> |
| PULL OR ALTER CASING <input type="checkbox"/> | OTHER <input type="checkbox"/> | CASING TEST AND CEMENT JOBS <input type="checkbox"/> | OTHER <input type="checkbox"/> |

17. 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.

MIRU. Set CIBP @ 3770'. Dump 35' of cmt on top of CIBP.
Verbal approval given by Jerry Sexton on 11/4/85 for this procedure.

Getters 11/7/86

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

| | | |
|--|--|--------------------------|
| SIGNED <u><i>Kenn L. Coef</i></u> | TITLE <u>Administrative Supervisor</u> | DATE <u>11-4-85</u> |
| ORIGINAL SIGNED BY JERRY SEXTON DISTRICT 1 SUPERVISOR | | |
| APPROVED BY _____ | TITLE _____ | DATE <u>NOV 7 - 1985</u> |