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## State of New Mexico Energy, ... inerals and Natural Resources Department

Form C 103 Revised 1-1-89

DISTRICT I P.O. Box 1980, Hobbs, NM S8240

 $ec{\mathcal{S}}$  Distribution: OCD (3), SHEAR, PONCA, COST ASST, FIELD, WELL FILE

OIL CONSERVATION DIVISION

P.O. Box 1980, Hobbs, NM S8240	P.O. Box 2088 Santa Fe, New Mexico 87504-2088		WELL API NO.		
			30-025-06709		
P.O. Drawer DD, Artesia, NM 88210	87504-2088	5. Indicate Type			
DISTRICT T11		.,,,,,	STATE	FEE 🔀	
1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Ga	s Lease No.	
SUNDRY NOTI	CES AND REPORTS ON WE	110	·		
( DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BA				<u> </u>	
DIFFERENT RESEF (FORM C-	ERMIT	/. Lease Name or	Unit Agreement Name	;	
1. Type of Well:			1		
Oil Gas Well OTHER			Wantz, M. E.		
2. Name of Operator			8. Well No.		
Conoco Inc.			o. Well 140.	6	
3. Address of Operator  10 Desta Dr. Sto 100W/ Midland, Tr. 70705, 4500			9. Pool name or V	Wildcat	·
10 Desta Dr. Ste 100W, Midland, Tx 79705-4500			Paddock		
	C . 4		_		
Unit Letter M 330	Feet From The South	Line and99	6 Feet Fron	n TheEast	Line
Section 21	Township 21S Ra			_	
21			NMPM	Lea	County
<u> </u>	///// 10. Elevauon (Show whether	Dr, KKB. RI, GR, ctc.)		<i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i>	111111111
Check A	ppropriate Box to Indicate	Nature of Notice Re	enort or Other	Doto	<i></i>
Check Appropriate Box to Indicate Nature of Notice, R NOTICE OF INTENTION TO:					
ERFORM REMEDIAL WORK	1	BSEQUENT REPORT OF:			
-	PLUG AND ABANDON	REMEDIAL WORK		ALTERING CASING	<u></u>
EMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	OPNS.	PLUG AND ABANDO	NMENT _
ULL OR ALTER CASING		CASING TEST AND CE	MENT IOR		
			2		_
THER:		OTHER	T		L_
<ol> <li>Describe Proposed or Completed Open work)SEE RULE 1103.</li> </ol>	rations (Clearly state all pertinent details,	and give pertinent dates, inclu	iding estimated date o	of starting any proposed	
onoco is requesting Temporary Aba ylvia Dickey at the Hobbs OCD offi	ndonment status for this well. A ce.	valid MIT was run on 7	7/7/00 and the or	iginal chart was pro	ovided to
onoco will be avaluating for nossible	o unholo motoutiol. This analysis			_	
onoco will be evaluating for possible	e upnote potential. This evaluation	on should take place in	the next 12-18 m	onths.	
Per Reesa					
CTOOD FIED	-	••			
CIBP@ 5100 cir. phr. flui	n				
Cir. pro, 1 lui	=			a, a realiza	
	in the second se	ris Approval of the comment Explication	Temporary /	2-1/-05	
			Carried Carried Control	The second section of the section of the second section of the section of t	* +
12. I hereby certify that the information above is true	and complete to the best of my knowledge and b	pelief.			
SIGNATURE SUSA WILL	Res TITL	Sr. Staff Regulat	tory Assistant	7/20	/00
TYPE OR PRINT NAME REESA R. WILKES				TELEPHONE NO. 915	/686-5580
this space for State Use)					
· · · · · · · · · · · · · · · · · · ·					
APPROVED BY	TITLI			- DATE	
CONITIONS OF APPROVAL, IF ANY:	11161			- UAIE	