

+Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C 103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

P.O. Drawer DD, Artesia, NM 88210

DISTRICT T11
1000 Rio Brazos Rd., Aztec, NM 87410

WELL API NO.	30-025-06709
5. Indicate Type of Lease	STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name	Wantz, M.E.
8. Well No.	6
9. Pool name or Wildcat	Paddock
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	

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 ☒ Gas Well ☐ 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 M 330 Feet From The South Line and 990 Feet From The West Line
Section 21 Township 21S Range 37E NMPM Lea County

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: Casing Integrity Test ☒

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.

It is proposed to perform a Casing Integrity Test on this well in preparation for requesting temporary abandonment approval, per the attached recommendation and procedure.

When completed, a successful pressure test will be submitted to request temporary abandon status.

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

SIGNATURE Reesa Wilkes TITLE Sr. Staff Regulatory Assistant DATE 07/19/99

TYPE OR PRINT NAME Reesa R. Wilkes

TELEPHONE NO. 915/686-5580

(this space for State Use)

ORIGINAL SIGNED BY CHRIS WILLIAMS
DISTRICT I SUPERVISOR

APPROVED BY TITLE DATE

CONDITIONS OF APPROVAL, IF ANY:

Distribution: OCD (3), SHEAR, Ponca, Cost Asst., Well File, Field

Wantz #6

30-025-06709

Recommendation to Temp. Abandon

This well is currently inactive. It is recommended that the well be temporarily abandoned (upon passing the following CIT test) in order to evaluate possible up-hole potential.

*A plug has already been set @ 5100'.

1. Circulate Casing with inhibited packer fluid.
2. Pressure test casing to 500# for 30 minutes. Give OCD 24 hrs notice prior to pressure test.