+Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Ener' Minerals and Natural Resources Department

Form C 103
Revised 1-1-89

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

P.O. Drawer DD, Artesia, NM 88210

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

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

WELL API NO.
30-025-06709

5. Indicate Type of Lease
STATE ☐ FEE ☒

6. State Oil & Gas Lease No.

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.)

7. Lease Name or Unit Agreement Name

1. Type of Well:
Oil Well ☒   Gas Well ☐   OTHER

Wantz, M.E.

2. Name of Operator

Conoco Inc.

8. Well No.
#6

3. Address of Operator

10 Desta Dr. Ste 100W, Midland, Tx,, 79705-4500

9. Pool name or Wildcat
Paddock

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

10. Elevauon (Show *whether DF, RKB. RT, GR, etc.*)

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 temporary abandonment. The following procedure will be used:

1. RU well service unit and pull rods. RU BOP's and pull tubing.
2. PU rbp and set RBP @ 5100'. POOH laying dwn tubulars
3. Fill hole with inhibited fluid and test to 500 psig for the BLM

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

SIGNATURE _____ Kay Maddox _____ TITLE Regulatory Agent   DATE December 12, 1997

TYPE OR PRINT NAME Kay Maddox

TELEPHONE NO. 686-5798

(this space *for* State Use) ORIGINAL SIGNED BY CHRIS WILLIAMS
DISTRICT I SUPERVISOR

DEC 17 1997

APPROVED BY _____ TITLE _____ DATE _____

CONITIONS OF APPROVAL, IF ANY·