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

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. 30-025-20662

5. Indicate Type of Lease STATE ☑ FEE ☐

6. State Oil & Gas Lease No. B-1537

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: State D

1. Type of Well: OIL WELL ☑ GAS WELL ☐ OTHER

2. Name of Operator: Conoco Inc.

8. Well No. #13

3. Address of Operator: 10 Desta Drive West Midland, Tx 79705

9. Pool name or Wildcat: Oil Center Blinebry

4. Well Location
Unit Letter M : 990 Feet From The South Line and 660 Feet From The West Line
Section 11 Township 21S Range 36E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3600' DF

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

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	☐	PLUG AND ABANDON	☑	REMEDIAL WORK	☐	ALTERING CASING	☐
TEMPORARILY ABANDON	☐	CHANGE PLANS	☐	COMMENCE DRILLING OPNS.	☐	PLUG AND ABANDONMENT	☐
PULL OR ALTER CASING	☐			CASING TEST AND CEMENT JOB	☐		
OTHER:	☐			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.

The following procedure is recommended to permanently plug and abandon this well:

1) Set CIBP at 5800' and spot 7 sacks of cement on top.
2) Spot 7 sacks cement plug across top of salt
3) perf at 1370' & circulate 260 sacks of cement to set surface plug.

Any questions please call Candy Frausto (918) 686-6540

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

SIGNATURE [signature] TITLE Administrative Supervisor DATE 7/20/90

TYPE OR PRINT NAME TELEPHONE NO.

(This space for State Use)

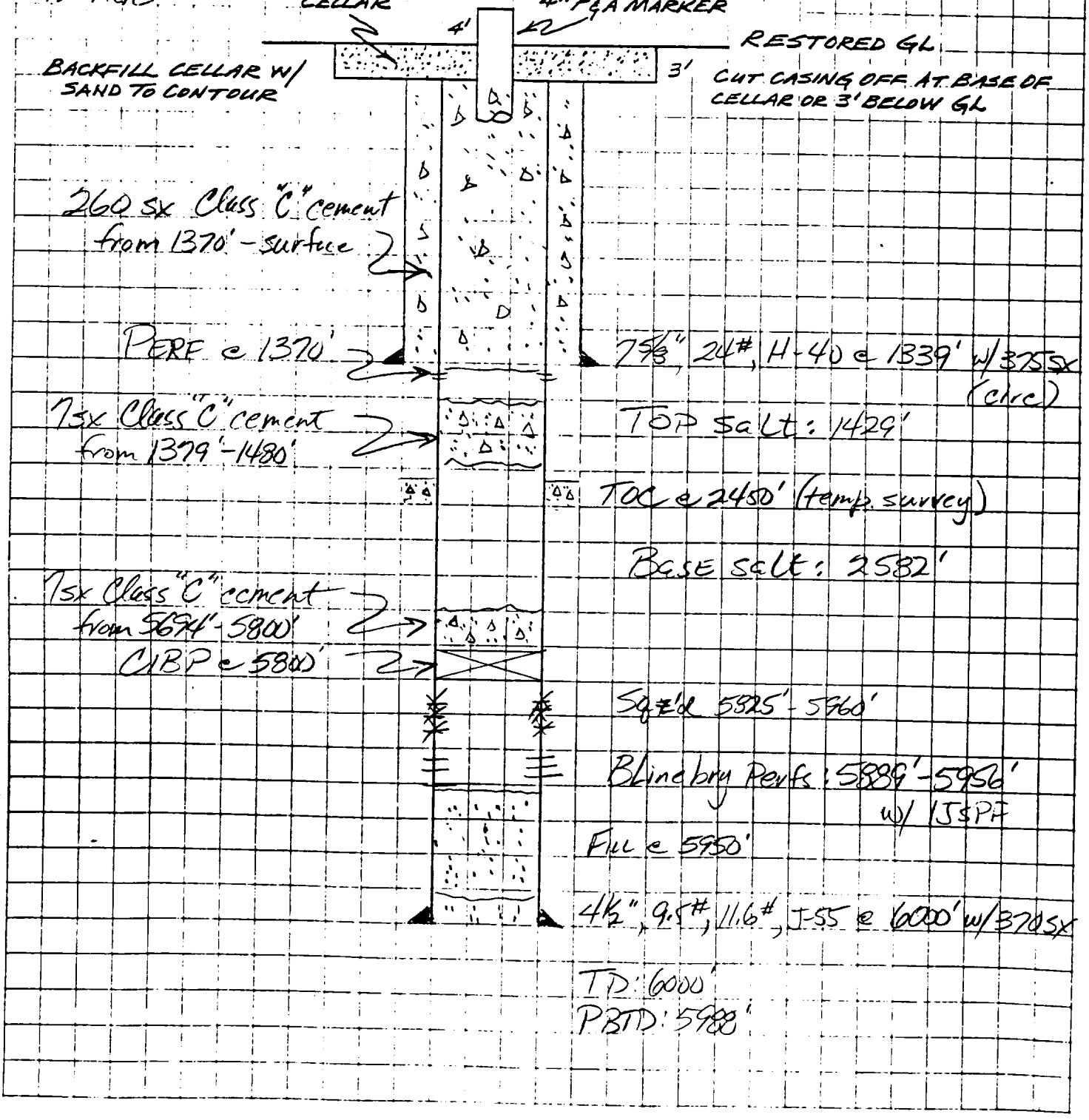
APPROVED BY [illegible] TITLE [illegible] DATE JUL 25 1990

CONDITIONS OF APPROVAL, IF ANY:

NMOCD (3) File (1)

State D No. 13 * Proposed P&A *

990' FSL & 660' FWL
Unit M, Sec. 11, T-21S, R-36E
Elevation: 3600' DF
12' AGL



Conoco Inc.
Calculation Sheet

Made By
Checked By
Date
Title
Job No
File