

+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 III  
1000 Rio Brazos Rd., Aztec, NM 87410

WELL API NO. 30-025-33677
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 Deck Estate 7
8. Well No. 1
9. Pool name or Wildcat San Andres

SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO DIFFERENT RESERVOIR. USE APPLICATION FOR PERMIT (FORM C-101) FOR SUCH PROPOSALS.)	
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> OTHER	
2. Name of Operator Conoco Inc.	
3. Address of Operator 10 Desta Dr. Ste 100W, Midland, Tx., 79705-4500	
4. Well Location <u>B</u> Unit Letter <u>L</u> <u>1930</u> Feet From The <u>South</u> Line and <u>990</u> Feet From The <u>West</u> Line Section <u>7</u> Township <u>21 S</u> Range <u>37 E</u> NMPM <u>Lea</u> County	
10. Elevaon (Show whether DF, RKB, RT, GR, etc.) 3490'	

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WOR ☐ PLUG AND ABANDON ☐  
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐  
PULL OR ALTER CASIN ☐  
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WOR ☐ ALTERING CASIN ☐  
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMEN ☒  
CASING TEST AND CEMENT JO ☐  
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 above well was plugged and Abandoned on 7-9-98 per the attached procedure.

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

SIGNATURE Bill R. Keathly TITLE Sr. Regulatory Specialist DATE 4-12-99  
TYPE OR PRINT NAME Bill R. Keathly TELEPHONE NO. 915 686-5424

(this space for State Use)

APPROVED BY [Signature] TITLE   DATE    
CONDITIONS OF APPROVAL, IF ANY  

GWW  
10

dp