

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.

30-025-33677

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.)

1. Type of Well:

OIL
WELL ☒

GAS
WELL ☐

OTHER

2. Name of Operator

CONOCO INC.

3. Address of Operator

(915) 686-5424
10 DESTA DR, STE. 100W, MIDLAND, TEXAS 79705

4. Well Location

Unit Letter L : 1930 Feet From The SOUTH Line and 990 Feet From The WEST Line

Section 7 Township 21-S Range 37-E NMPM LEA County

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

3490' GR

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: ☐

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.

1. Set a C.I.B.P. at 4000'.
2. Circulate hole with mud.
3. Spot 10 sxs cement 3900-4000'.
4. Spot 50 sxs cement 485-to surface plug.
5. Install dry hole marker. Clean location.

THE COMMISSION MUST BE NOTIFIED 24
HOURS BEFORE THE BEGINNING OF
PLUGGING OPERATIONS FOR THE OIL
WELL.

25SX. OR 100' WHICHEVER IS
GREATER.

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

SIGNATURE Lee Roy Taylor TITLE Operation Manager Pool DATE 5/12/98

TYPE OR PRINT NAME

TELEPHONE NO.

(This space for State Use)

MAY 15 1998

APPROVED BY ORIGINAL SIGNED BY TITLE DAVE WINK DATE 5/12/98

CONDITIONS OF APPROVAL, IF ANY: FOLORED