+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	OIL CONSERVATION DIVISION	WELL API NO.
P.O. Box 1980, Hobbs, NM S8240 DISTRICT II	P.O. Box 2088 Santa Fe, New Mexico 87504-2088	30 025 35770
P.O. Drawer DD, Artesia, NM 88210	Sana I C, New Mexico 87304-2088	5. Indicate Type of Lease STATE FEE
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410		6. State Oil& Gas Lease No.
(DO NOT USE THIS FORM FOR PR DIFFERENT RESE	ICES AND REPORTS ON WELLS OPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A RVOIR. USE "APPLICATION FOR PERMIT" C-101) FOR SUCH PROPOSALS.)	7. Lease Name or Unit Agreement Name
I. Type of Well: Oil Gas Well Well	OTHER	State F 1
2. Name of Operator CONOCO, Inc.		8. Well No.
3. Address of Operator		9. Pool name or Wildcat
10 Desta Dr., Suite 100W, Mic 4. Well Location	lland, TX 79705 915 684-6381/686-5580	Hardy Tubb Drinkard
4. wen Location Unit Letter <u>16 (lot)</u> 2990	Feet From The South Line and 4	50' Feet From The East Line
Section 1	Tourshie 010 D	
	10. Elevation (Show whether DF, RKB. RT, GR, etc.)	NMPM Lea County ////////////////////////////////////
	Appropriate Pox to Indicate Network of Netice D	
NOTICE OF IN	Appropriate Box to Indicate Nature of Notice, R	SEQUENT REPORT OF:
PERFORM REMEDIAL WORK		[]
TEMPORARILY ABANDON		
·		G OPNS.
PULL OR ALTER CASING	CASING TEST AND CE	
OTHER:	OTHERTD, log & plu	ug 🗙
12. Describe Proposed or Completed Op work/SEE RULE 1103.	perations (Clearly state all pertinent details, and give pertinent dates, inc	cluding estimated date of starting any proposed
3021-2921', 35 sx from 2611-2511', 4-17-02: Pump final plug 35 sx from	rom 7015-6900', 35 sx from 5851-5751', 35 sx from 525. 35 sx from 1322-1222', TIH & tag cement @ 1117', 35 s 63' to surface. Rig down and release rig. ting of the Well Bore. is retained until	33-5153', 35 sx from 3776-3676', 35 sx from sx from 410-310'. WOC. 23456789707777777777777777777777777777777777
ALL		
hi Al	and complete to the best of my knowledge and belief.	5 38 03
SIGNATURE	TITLE Regulatory Agent	DATE5-28-02
TYPE OR PRINT NAME ANN E. Ritchie	a itir h	TELEPHONE NO. 915 684-6381
(this space for State Use)	GARY WWINK OC FIELD REPRESENTATIVE IL/STAF	FF MANAGER DEL 20 2002
APPROVED BY	OC HELD REFLECTION OF	DATE
KI	2/	· / ,