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 S8240

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

P.O. Drawer DD, Artesia, NM 88210

DISTRICT T11
1000 Rio Brazos Rd., Aztec, NM 87410

WELL API NO.	
30-025-09082	
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

South Eunice Unit

1. Type of Well: Oil Well ☐ Gas Well ☐ OTHER Injection	8. Well No. 45
2. Name of Operator Conoco Inc.	8. Well No. 45
3. Address of Operator 10 Desta Dr. Ste 100W, Midland, Tx,, 79705-4500	9. Pool name or Wildcat Eunice 7 Rvrs Queen, So.

4. Well Location

Unit Letter __K__ __1980__ Feet From The __South__ Line and __1980__ Feet From The __West__ Line

Section __28__ Township __22S__ Range __36E__ NMPM __Lea__ County

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

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.

It is proposed to temporarily abondon this well by the following procedure:

1. Clean out to 3335' with bit and casing scraper.
2. Set CIBP @ 3325'.
3. Cicrulate packer fluid.
4. Pressure test casing to 500 psi for 30 minutes after 24 hour notice to OCD.

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

SIGNATURE _____ TITLE __Sr. Regulatory Specialist__ DATE __8-19-97__

TYPE OR PRINT NAME Bill R. Keathly

TELEPHONE NO. 915 686-5424

(this space for State Use)

Orig. Signed by
Paul Kautz
Geologist

APPROVED BY _____ TITLE _____ DATE _____

CONITIONS OF APPROVAL, IF ANY: