

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

DISTRICT II  
P.O. Drawer DD, Artesa, NM 88210

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

|                                      |  |
|--------------------------------------|--|
| WELL API NO.                         | 30-025-09380   |
| 5. Indicate Type of Lease            | STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> |
| 6. State Oil & Gas Lease No.         | B-1167   |
| 7. Lease Name or Unit Agreement Name | LANGLIE LYNN QUEEN UNIT  |
| 8. Well No.                          | 1  |
| 9. Pool name or Wildcat              | LANGLIE MATTIX 7 RVS GN  |

**SUNDRY NOTICES AND REPORTS ON WELLS**  
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR TO 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 INJECTION

2. Name of Operator  
CONOCO INC

3. Address of Operator  
10 Desta Drive STE 100W, Midland, TX 79705

4. Well Location  
 Unit Letter J : 1980 Feet From The SOUTH Line and 1980 Feet From The EAST Line  
 Section 22 Township 23 S Range 36 E NMPM LEA County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)  
GL 3388

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

|  |   |   |  |
|--|---|---|--|
| <b>NOTICE OF INTENTION TO:</b>                 |   | <b>SUBSEQUENT REPORT OF:</b>                        |  |
| PERFORM REMEDIAL WORK <input type="checkbox"/> | PLUG AND ABANDON <input type="checkbox"/> | REMEDIAL WORK <input type="checkbox"/>              | ALTERING CASING <input type="checkbox"/>                 |
| TEMPORARILY ABANDON <input type="checkbox"/>   | CHANGE PLANS <input type="checkbox"/>     | COMMENCE DRILLING OPNS. <input type="checkbox"/>    | PLUG AND ABANDONMENT <input checked="" type="checkbox"/> |
| PULL OR ALTER CASING <input type="checkbox"/>  | OTHER: <input type="checkbox"/>           | CASING TEST AND CEMENT JOB <input type="checkbox"/> | OTHER: <input type="checkbox"/>                          |

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.

10-29-92 MIRU. RIH W. RETRIEVING HEAD LATCH ONTO RBP @ 3550'. POOH. RIH W/ CNT RETAINER TO 3550'. PUMP 50 SX CMT UNDER RETAINER-RELEASE FROM RETAINER & PUMP 7 SX CNT ON TOP OF RETAINER. TAG CMT AT 3425'. LOAD CSG W/ 50 BBL MUD. PUH TO 1300' PUMP 25 SX CMT. DISLPACE W/ 5 BBL P&A MUD POOH. TAG CMT @ 931'. RU RL PERF AT 375' W/ 4 JSPF. PUMP 148 SC CMT CIRC TO SURFACE. POOH. INSTALL P&A MARKER. RDMO

THIS WELL P&A ON 11-2-92

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 SPEC. DATE 11-10-92

TYPE OR PRINT NAME BILL R. KEATHLY TELEPHONE NO. 915-686-5424

(This space for State Use)

APPROVED BY Charles... TITLE OIL... DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

NOV 1 2 1992

OSD HOBSS OFFICE