

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. <i>30-025-09380</i>
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. <i>B-1167</i>
7. Lease Name or Unit Agreement Name <i>Langley Lynn Queen</i>
8. Well No. <i>1</i>
9. Pool name or Wildcat <i>Langley Mattie 7 Pers. Queen</i>

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 <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <i>Injection</i>
2. Name of Operator <i>Conoco Inc.</i>
3. Address of Operator <i>P.O. Box 460 - Hobbs, NM 88240</i>
4. Well Location Unit Letter <i>J</i> Feet From The _____ Line and _____ Feet From The _____ Line Section <i>22</i> Township <i>23S</i> Range <i>36E</i> NMMP _____ <i>Ala</i> County
10. Elevation (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 <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: _____ <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: <i>Casing Integrity Test</i> <input checked="" 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.

A casing integrity test was performed on this well 1-23-90. (See attached chart). This test was run in compliance with NMOC Rule 704.

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

SIGNATURE *H.A. Ingram* TITLE *Conservation Coordinator* DATE *5/21/90*
TYPE OR PRINT NAME *H.A. Ingram* TELEPHONE NO. *597-5800*

(This space for State Use)

Orig. Sig:
Paul Kautz
Geologist

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

(3) OGD (1) File