Submit 3 Copies to Appropriate District Office

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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

Form C-103
Revised 1-1-89

WELL API NO. 30-025-24618

5. Indicate Type of Lease STATE [X] FEE [ ]

6. State Oil & Gas Lease No. 8910115860

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: SO. EUNICE UNIT

1. Type of Well: OIL WELL [ ] GAS WELL [ ] OTHER INJECTOR

2. Name of Operator: CONOCO INC.

8. Well No. 64

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

9. Pool name or Wildcat: EUNICE 7 RVRS QN SO.

4. Well Location
Unit Letter A : 660 Feet From The NORTH Line and 660 Feet From The EAST Line

Section 33 Township 22 S Range 36 E NMPM LEA County

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3475

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	[X]
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.

7-21-93 MIRU. RELEASE PACKER POOH. GIH W/ CIBP SET @ 3550', CIRC HOLE W/ P&A MUD. SPOT 25 SX CMT PLUG ON TOP OF CIBP TO 3310'. PUH TO 3172' SPOT 25 SX CMT PLUG TO 2933'. PUH TO 1437' SPOT 25 SX CMT PLUG. TAG TOC @ 1133'. POOH. GIH PERF CSG @ 475' PUMP 100 SX CMT DOWN 4 1/2" UP 7 5/8 TO SURFACE. CUT OFF WELL HEAD, FILL CELLAR W/ CMT.
INSTALL P&A MARKER.
7-22-93 RDMO.

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 8-5-93

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

(This space for State Use)

APPROVED BY Tony W. Hill TITLE DATE

CONDITIONS OF APPROVAL, IF ANY: