

DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

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.	30-025-24619
5. Indicate Type of Lease	STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name	South Eunice Unit
8. Well No.	65
9. Pool name or Wildcat	Eunice 7 Rivers Queen, So.
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	

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 Injection Well
2. Name of Operator	Conoco Inc.
3. Address of Operator	10 Desta Dr. Ste 100W, Midland, Tx., 79705-4500
4. Well Location	Unit Letter O 660 Feet From The South Line and 1980 Feet From The East Line Section 28 Township 22S Range 36E NMPM Lea County

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 checked="" 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 <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.

It is proposed to perform a Casing Integrity Test on this well in preparation for requesting temporary abandonment approval, per the attached recommendation and procedure.

When completed, a successful pressure test will be submitted to request temporary abandon status.

12. I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
SIGNATURE <u>Reesa Wilkes</u>	TITLE <u>Sr. Staff Regulatory Assistant</u> DATE <u>06/23/99</u>
TYPE OR PRINT NAME <u>Reesa R. Wilkes</u>	TELEPHONE NO. <u>915/686-5580</u>
ORIGINAL SIGNED BY <u>GARY WINK</u> FIELD REPRESENTATIVE	
APPROVED BY <u>GARY WINK</u>	TITLE <u>FIELD REPRESENTATIVE</u> DATE <u>6-28-99</u>
CONDITIONS OF APPROVAL, IF ANY:	

Distribution: OCD (3), SHEAR, Ponca, Cost Asst., Well File, Field