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OPERATOR		

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease State <input type="checkbox"/> Fed. <input checked="" type="checkbox"/> Fee <input type="checkbox"/>	
5. State Oil & Gas Lease No. LC-069515	
7. Unit Agreement Name	
8. Farm or Lease Name North EL Mar Unit	
9. Well No. 10	
10. Field and Pool, or Wildcat El Mar Delaware	
12. County Lea	

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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- Inj. well temp. shut-in	
2. Name of Operator CONOCO INC.	
3. Address of Operator P. O. Box 460, Hobbs, N.M. 88240	
4. Location of Well UNIT LETTER F , 1980 FEET FROM THE North LINE AND 1980 FEET FROM THE west LINE, SECTION 26 TOWNSHIP 26S RANGE 32E N.M.P.M.	
15. Elevation (Show whether DF, RT, GR, etc.)	

16. 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"/>	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 type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	OTHER pressure test csg <input checked="" type="checkbox"/>

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1105.

- ① MURU on 10/25/85
- ② Replace several joints of bad +bg
- ③ Conducted pressure test of csg; pressured up to 450 psi and held for 68 min.
- ④ Attached is pressure test chart cut per Eddie Seay's request

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

SIGNED [Signature]	TITLE Administrative Supervisor	DATE 10-31-85
ORIGINAL SIGNED BY JERRY GENTON DISTRICT 1 SUPERVISOR		
APPROVED BY _____	TITLE _____	DATE NOV 5 - 1985
CONDITIONS OF APPROVAL, IF ANY:		

RECEIVED

NOV 4 - 1985

C. C. G.
HOBBS OFFICE