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LAND OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-85

5a. Indicate Type of Lease State ☒ Fee ☐
5. State Oil & Gas Lease No. <u>E-6622</u>
7. Unit Agreement Name <u>North El Mar</u>
8. Farm or Lease Name <u>North El Mar Unit</u>
9. Well No. <u>43</u>
10. Field and Pool, or Wildcat <u>El Mar Delaware</u>
12. County <u>Lea</u>

SUNDY 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. ☒ OIL WELL ☐ GAS WELL ☐ OTHER
2. Name of Operator CONOCO INC.
3. Address of Operator P. O. Box 460, Hobbs, N.M. 88240
4. Location of Well UNIT LETTER <u>C</u> <u>543</u> FEET FROM THE <u>North</u> LINE AND <u>2108</u> FEET FROM THE <u>West</u> LINE, SECTION <u>36</u> TOWNSHIP <u>26S</u> RANGE <u>32E</u> NMPM.
15. Elevation (Show whether DF, RT, GR, etc.)

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 ☐
PULL OR ALTER CASING ☐	OTHER <u>temporary abandon</u> ☒	CASING TEST AND CEMENT JOBS ☐	OTHER ☐

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 1103.

- ① MIRU. POOH w/ prod. equip. Make bit & scraper run to perfs.
- ② GIH w/ CIBP & pkr to $\pm$ 4540'. Set CIBP @ 4540'. Test CIBP to 1000 psi. Test backside to 600 psi.
- ③ Rel pkr & POOH. Circ. hole full of 10.0 ppg brine. Rig down

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

SIGNED <u>DF FINNEY</u>	TITLE <u>Administrative Supervisor</u>	DATE <u>12-17-86</u>
ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR		
APPROVED BY	TITLE	DATE <u>DEC 9 1986</u>
CONDITIONS OF APPROVAL, IF ANY:		