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# 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 checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.	E-6622

## 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. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- <u>inj.</u>	7. Unit Agreement Name
2. Name of Operator <u>CONOCO INC.</u>	8. Farm or Lease Name <u>NORTH EL MAR UNIT</u>
3. Address of Operator <u>P.O. BOX 460, HOBBS, N.M. 88240</u>	9. Well No. <u>54</u>
4. Location of Well UNIT LETTER <u>F</u> , <u>2108</u> FEET FROM THE <u>W</u> LINE AND <u>543</u> FEET FROM THE <u>S</u> LINE, SECTION <u>36</u> TOWNSHIP <u>26 S</u> RANGE <u>32 E</u> N.M.P.M.	10. Field and Pool, or Wildcat <u>EL MAR DELAWARE</u>
15. Elevation (Show whether DF, RT, GR, etc.)	12. County <u>LEA</u>

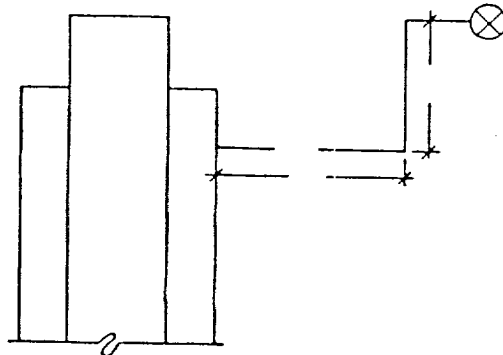
## Check Appropriate Box To Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>

## SUBSEQUENT REPORT OF:

REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOBS <input type="checkbox"/>	OTHER <u>CSG. leak survey</u> <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 1103.



CSG. leak survey was performed on subject well w/ valves being dug up & tagged at surface. Survey was witnessed by Tony Plattsmier w/ NMOC.

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

SIGNED <u>Wm A. Butterfield</u>	TITLE <u>ADMINISTRATIVE SUPERVISOR</u>	DATE <u>6/12/80</u>
APPROVED BY <u>John R. Ryan</u>	TITLE	DATE

JUN 13 1980