NO. OF COPIES RECEIVED		Face C. 111
DISTRIBUTION		Form C-103 Supersedes Old
SANTA FE	NEW MEXICO OIL CONSERVATION COMMISSION	C-102 and C-103
FILE		Effective 1-1-65
U.S.G.S.		5a. Indicate Type of Lease
LAND OFFICE		State (Fed. Fee
OPERATOR		5. State Oil & Gas Lease No.
		NM-279/(A)
SUNDRY NOTICES AND REPORTS ON WELLS USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPERSALS 1 FORM C-101) FOR SUCH PROPERSALS		
OIL GAS WELL WELL		7. Unit Agreement Name
2. Name of Operator L M ECTION SNOT-IN		8. Farm or Lease Name
CONOCO INC. 3. Address of Operator		North El Mar Unit
P. O. Box 460, Hobbs, N.M. 88240		9. Well No.
UNIT LETTER D 660 FEET FROM THE NORTH LINE AND 660 FEET FROM		10. Field and Pool, or Wildcat
		MEL Mar Delaware
LINE, SECTION	TOWNSHIP OF RANGE OF NMPH	
	15. Elevation (Show whether DF, RT, GR, etc.)	12. County
Check A	ppropriate Box To Indicate Nature of Notice, Report or Ot	Lea MILLIN
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:		
PERFORM REMEDIAL WORK	PLUG AND ABANDON REMEDIAL WORK	
TEMPORARILY ABANDON		ALTERING CASING
PULL OR ALTER CASING	CHANGE PLANS CASING TEST AND CEMENT JOB	PLUG AND ABANDONMENT
1	071150	
other tempor	ary abandon	
17. Describe Proposed or Completed Oper	quions (Clearly state all pertinent details, and give pertinent dates, including	
DMIRU. POOH w/ Injection equip. Run bit & scraper to perfs. Det CIBP @ 4590'. Test CIBP to 1000 psi, Load & press. test csq to 600 psi. for 10 minutes. It csq doesn't test, a sqz procedure will follow.		
(5) Set CIBO @ Was I T I all Kon Dit Scraper to perts.		
JET CIDE @ 7590. Test CIBP to 1000 psi, Load & press test cso to		
600 psi. for 10 minutes, It use doesn't tost a see 1		
follow.		
(a) () 1 P	1 0 0 0 1 1 1 1 1 1 1	
2) Circ. hole tol	of 9.0 ppg brine (pkr fluid).	
1 Rig down		
18. I hereby cartify the		
entity that the information abo	ove is true and complete to the best of my knowledge and belief.	
Coco Cin		
signed was whatha	Administrative Supervisor	DATE 11-6-86
ORIGINAL SETTION STATE	PRV TOTOM	
APPROVED BY		NOV 1 0 1986
CONDITIONS OF APPROVAL, IF ANY:		NIMOCN-Hobber

Form 9-331 Form Approved. Dec. 1973 Budget Bureau No. 42-R1424 **UNITED STATES** 5. LEASE DEPARTMENT OF THE INTERIOR NM 02791 **GEOLOGICAL SURVEY** 6. IF INDIAN, ALLOTTEE OR TRIBE NAME 7. UNIT AGREEMENT NAME 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 Form 9–331–C for such proposals.) 8. FARM OR LEASE NAME NORTH EL MAR UNIT gas well well other 9. WELL NO. 2. NAME OF OPERATOR CONOCO INC. 10. FIELD OR WILDCAT NAME 3. ADDRESS OF OPERATOR EL MAR DELAWARE P. O. BOX 460, HOBBS, N.M. 88240 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 11. SEC., T., R., M., OR BLK. AND SURVEY OR **AREA** below.) SEC. 31 T-265 R-33E AT SURFACE: 660' FNL & FWL 12. COUNTY OR PARISH 13. STATE AT TOP PROD. INTERVAL: LEA AT TOTAL DEPTH: 14. API NO. 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE. REPORT, OR OTHER DATA 15. ELEVATIONS (SHOW DF, KDB, AND WD) REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL CNOTE: Report results of multiple completion or zone PULL OR ALTER CASING change on Form 9-330.) MULTIPLE COMPLETE LOG CAL SURVEY CHANGE ZONES N MEXICO ABANDON* (other) Csq. /eak 17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)* Csq. leak survey was performed on subject well w/ Valles being dug up I tagged at the surface. Survey was Subsurface Safety Valve: Manu. and Type __ 18. I hereby certify that the foregoing is trie and correct TITLE ADMIN. SUPERVISOR DATE (This space for Federal or State office use) ACCEPTED FOR RECORD APPROVED BY DATE CONDITIONS OF APPROVAL, IF ANY: 4565-5 JUN 161980

*See Instructions on Reverse Side

U.S. GEOLOGICAL SURVEY ROSWELL, NEW MEXICO