

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

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

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO.	21007 70-025-21010
5. Indicate Type of Lease	Federal STATE <input type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	LC-0301398

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 <input checked="" type="checkbox"/> INJECTION	7. Lease Name or Unit Agreement Name LANGLIE LYNN QUEEN UNIT
2. Name of Operator CONOCO INC.	8. Well No. 15
3. Address of Operator 10 Dasta Drive W. Midland TX 79705	9. Pool name or Wildcat LANGLIE MATTIX TRVS QUEEN
4. Well Location Unit Letter G: 1980 Feet From The NORTH Line and 1980 Feet From The EAST Line Section 26 Township 27S Range 14E NMPM COO County	10. Elevation (Show whether DF, RKB, RT, GR, etc.)

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 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: INJECTION STATUS CHANGE <input checked="" 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.

THIS IS TO INFORM YOU THAT THE REFERENCED WELL WAS SHUT-IN
10-30-90 FOR ENGINEERING EVALUATION.

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

SIGNATURE Nannette Nelson TITLE Analyst-III Prod. DATE 11-05-1990

TYPE OR PRINT NAME Nannette D. Nelson TELEPHONE NO. 9156866553

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: