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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 type="checkbox"/> <u>Fed.</u> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. <u>LC-032326(A)</u>
7. Unit Agreement Name <u>NMFU</u>
8. Farm or Lease Name <u>Langlie Jack Unit</u>
9. Well No. <u>12</u>
10. Field and Pool, or Wildcat <u>Langlie Mathis 7 Burs Qw</u>
12. County <u>Lea</u>

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 temporarily shut-in</u>
2. Name of Operator <u>CONOCO INC.</u>
3. Address of Operator <u>P. O. Box 460, Hobbs, N.M. 88240</u>
4. Location of Well UNIT LETTER <u>I</u> , <u>1980</u> FEET FROM THE <u>South</u> LINE AND <u>660</u> FEET FROM THE <u>East</u> LINE, SECTION <u>20</u> TOWNSHIP <u>24S</u> RANGE <u>37E</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 <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 JOB <input type="checkbox"/>	OTHER <u>Set RBP and shut in</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.

MIRU on 7/17/84. POOH w/ 2 3/8" tbg. WIH w/ RBP and set @ 3128'. Pressure test to 500psi. Filled csg w/ pkr fluid. This notice is in response to your office's request to have notification per Evelyn Downs' request on 9/18/85.

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

SIGNED <u>Kevin L. Vogel</u>	TITLE <u>Administrative Supervisor</u>	DATE <u>9-20-85</u>
ORIGINAL SIGNED BY JERRY LEXTON		
APPROVED BY <u>DISTRICT 1 SUPERVISOR</u>	TITLE	DATE <u>OCT 1 - 1985</u>

RECEIVED
SEP 30 1985
O.C.D.
HOBBS OFFICE