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. 30-025-11401

5. Indicate Type of Lease STATE [XX] FEE [ ]

6. State Oil & Gas Lease No. B-2657

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.)

7. Lease Name or Unit Agreement Name: STATE A-2 COM

1. Type of Well: OIL WELL [XX] GAS WELL [ ] OTHER

2. Name of Operator: CONOCO INC.

8. Well No. 1

3. Address of Operator: 10 Desta Drive STE 100W. Midland. TX 79705

9. Pool name or Wildcat: ~~LANGLIE MATTIX 7 RVS QN GR~~

4. Well Location
Unit Letter O : 660 Feet From The SOUTH Line and 1980 Feet From The EAST Line

Section 2 Township 25 S Range 37 E NMPM LEA County

10. Elevation (Show whether DF, RKB, RT, GR, etc.) GR 3127

11. 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	[XX]
PULL OR ALTER CASING	[ ]			CASING TEST AND CEMENT JOB	[ ]		
OTHER:	[ ]			OTHER:	[ ]		

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.

11-6-92 MIRU. POH W/ TBG. GIH W/ 6 1/2" BIT & 7" CSG SCRAPPER TO 3020'. POOH. GIH W/ 7" CMT RETAINER TO 3001'. PUMP 30 SX CLASS C CMT W/ 2% CACL. STRING OUT OR RETAINER & SPOT 2 SX CMT ON TOP OF RETAINER. TAG TOC @ 2934'. PUH TO 349' PUMP 20 SX CLASS C CMT. TAG TOC @ 332'. CIRC CEMENT TO SURFACE. RDMO. INSTALL P&A MARKER.

WELL P&A ON 11-10-92

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

SIGNATURE Bill R. Keathly TITLE SR REGULATORY SPEC. DATE 11-16-92

TYPE OR PRINT NAME BILL R. KEATHLY TELEPHONE NO. 915-686-5424

(This space for State Use)

APPROVED BY E. Gonzales TITLE Ed Sup DATE 11-14-01

CONDITIONS OF APPROVAL, IF ANY: