

DISTRICT I
P.O. Box 1001, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Aramis, NM 88230

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

OIL CONSERVATION DIVISION

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

WELL ARI NO.	—
1. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	B-2657
7. Lease Name or Unit Agreement Name	State f.
8. Well No.	3
9. Pool name or Widened	Undesignated McKee

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	
2. Name of Operator CONOCO INC.	
3. Address of Operator 10 DESTA DRIVE, STE 100 W, MIDLAND, TX 79705	
4. Well Location Unit Letter <u>I</u> : <u>1980</u> Feet From The <u>South</u> Line and <u>600</u> Feet From The <u>East</u> Line Section <u>5</u> Township <u>24S</u> Range <u>38E</u> NMPM <u>Lea</u> County <u>Lea</u>	
10. Comments (Show whether OF, RE, RT, GR, etc.)	

11. 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 checked="" type="checkbox"/>
CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER: <input 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.

RIH w/CIBP set at 11,575 - RIH w/tag. 2ag. CIBP at 11575 - circ mud, spot 25 sks cmt on CIBP - PUH to 8300 spot 20 sks cmt - PUH to 6400 spot 20 sks cmt. Perf at 3450. Circ mud. Spot 60 sks cmt at 3450 - 2997. 2ag cmt at 2997 - PUH spot 25 sks cmt 1550 - 1300 - WOC - tag at 1300. Perf well at 500 - circ mud - pmp 125 sks cmt down 5 1/2 up 8 3/4" to surf. Pmp 50 sks down 11 3/4" - pres up to 200 psi. 11 3/4" csg no pres - try to pmp into 11 3/4" - could not pmp into - cut off well head. Install P+A marker. P+A'd on 6-18-91.

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

SIGNATURE Christine L. Neff TITLE ADMIN. ASSISTANT DATE 8-30-91
TYPE OR PRINT NAME Christine L. Neff (915)
TELEPHONE NO. 686-5494

(This space for State Use)

APPROVED BY R. Wade TITLE _____ DATE 8-30-91
COMMISSIONER OF GEOL. & MIN.

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.	N/A
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	B-2657
7. Lease Name or Unit Agreement Name	
State A	
8. Well No.	3
9. Pool name or Wildcat	Undesignated

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	
2. Name of Operator Conoco Inc.	
3. Address of Operator 10 Desta Drive, Suite 100W Midland, TX 79705-4500	
4. Well Location Unit Letter <u>I</u> : <u>1980</u> Feet From The <u>South</u> Line and <u>600 660</u> Feet From The <u>East</u> Line Section <u>5</u> Township <u>24-S</u> Range <u>38-E</u> NMPM <u>Lea</u> 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"/>	PLUG AND ABANDON <input checked="" 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"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: <input 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.

We propose to plug and abandon the State A No. 3 according to the following procedure:

- 1) Spot 25 sack plug on CIBP.
- 2) Perforate casing at 3450'.
- 3) Spot 45 sacks cement in and out of casing from 3000'- 3450' across base of salt and intermediate shoe.
- 4) Spot 20 sack plug from 1350'- 1550' across top of salt.
- 5) Perforate casing at 500'.
- 6) Spot 125 sack cement plug from 0'- 500' in and out of casing.
- 7) Clean and restore location to its natural state. Reseed according to NMOCD requirements.

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

SIGNATURE S. F. Shepard TITLE Engineer DATE June 5, 1991
TYPE OR PRINT NAME S. F. Shepard TELEPHONE NO. (915) 686-6540

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

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

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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.
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. B-2657
7. Lease Name or Unit Agreement Name State A
8. Well No. 3
9. Pool name or Wildcat Undesignated McKee

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	2. Name of Operator Conoco, Inc.	8. Well No. 3
3. Address of Operator 10 Desta Dr., Suite 100W Midland, TX 79705-4500	9. Pool name or Wildcat Undesignated McKee	
4. Well Location Unit Letter I : 1980 Feet From The South Line and 600 Feet From The East Line Section 5 Township 24S Range 38E NMPM Lea County	10. Elevation (Show whether DF, RKB, RT, GR, etc.) DF 3281'	

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 checked="" 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: <input 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.

It is proposed to temporarily abandon this well as follows:

1. RIH with impression block to identify unknown obstruction at 5641'.
2. If a RBP is indicated, release and retrieve it. If a CIBP is indicated or RBP can't be retrieved, drill out the obstruction.
3. Set 5 1/2" CIBP at 11,575'.
4. Pressure test casing to 500 psi.
5. Temporarily abandon.

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

SIGNATURE Jerry Hoover TITLE Regulatory Coordinator DATE 2/28/91
TYPE OR PRINT NAME Jerry Hoover TELEPHONE NO. 686-6548

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: