Submit 3 Copies to Appropriate District Office

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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

310 Old Santa Fe Trail, Room 206
Santa Fe, New Mexico 87503

Form C-103
Revised 1-1-89

WELL API NO. 30-025-31307

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 A2

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

2. Name of Operator: Conoco, Inc.

8. Well No. 4

3. Address of Operator: 10 Desta Drive, Suite 100W, Midland, Texas 79705

9. Pool name or Wildcat: Justis Blinbry

4. Well Location
Unit Letter J : 1980 Feet From The South Line and 1980 Feet From The East Line
Section 2 Township 25S Range 37E NMPM Lea 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	[ ]	PLUG AND ABANDON	[ ]	REMEDIAL WORK	[X]	ALTERING CASING	[ ]
TEMPORARILY ABANDON	[ ]	CHANGE PLANS	[ ]	COMMENCE DRILLING OPNS.	[ ]	PLUG AND ABANDONMENT	[ ]
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.

8-3-95 - MIRU. POH w/169 - 3/4" rods, 71 - 7/8" rods, 2x1-1/2x24x6 pump. Hot oiled tubing, POH w/tubing. RIH w/tubing and retrieving tool and tagged plug at 6283'. POH w/RBP. RIH w/bailer, cleaned hole, POH w/bailer.

8-8-95 - RIH w/213 jts. tubing, tubing anchor @ 6784', SN @ 6753'. RIH w/181 - 3/4" & 84 - 7/8" rods, 2x1-1/2x24 pump. Hang on, space out and check pump. Release unit.

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

SIGNATURE Ann E. Ritchie TITLE Regulatory Agent DATE 11/17/95

TYPE OR PRINT NAME Ann E. Ritchie TELEPHONE NO (915) 684-6381

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY