

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.

30-025-31307

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

B-2657

7. Lease Name or Unit Agreement Name

State A-2

8. Well No.

4

9. Pool name or Wildcat

Justis Subst

Drinkard Pool / North Justis abo

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 ☒

GAS
WELL ☐

OTHER

2. Name of Operator

Conoco Inc.

3. Address of Operator

10 Dexta Drive, Ste 100 W Midland, TX 79705

4. Well Location

Unit Letter G : 4980-13 Feet From The South Line and 1980 Feet From The East Line

Section

2

Township

25S

Range

37E

NMSPM

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 ☐

ALTERING CASING ☐

TEMPORARILY ABANDON ☐

CHANGE PLANS ☐

COMMENCE DRILLING OPNS. ☐

PLUG AND ABANDONMENT ☐

PULL OR ALTER CASING ☐

CASING TEST AND CEMENT JOB ☐

OTHER: ☐

OTHER: Spud / Surf csg ☒

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.

Spud 17 1/2" hole at 3:30 am on 7-26-91 to 193'.
Ran 8 jts 13 3/8" 545 K-55 LT+C Csg to 353'.
Lead w/ 370 SXS of Class "C" + 2% Cact Cmt.
Circ 80 SXS Cmt. WOC 4 frs.
Continue drlg w/ 12 1/4" bit.

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 8-1-91

TYPE OR PRINT NAME Christine L. Neff

TELEPHONE NO. (915) 686-5494

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: