

NEW MEXICO OIL CONSERVATION COMMISSION

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U.S.G.S.	
LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease
 State *Ind* Fed

5. State Oil & Gas Lease No.
LL-058699

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 GAS WELL OTHER- *Injection Well - Water*

2. Name of Operator
Conoco Inc.

3. Address of Operator
P.O. Box 460, Hobbs, N.M. 88240

4. Location of Well
 UNIT LETTER *L*, *2615* FEET FROM THE *South* LINE AND *1295* FEET FROM
 THE *West* LINE, SECTION *24* TOWNSHIP *17S* RANGE *32E* NMPM.

7. Unit Agreement Name
MCA

8. Farm or Lease Name
MCA Unit Btry 4

9. Well No.
350

10. Field and Pool, or Wildcat
Mojave GSA

15. Elevation (Show whether DF, RT, GR, etc.)
3957' GR

12. County
Lea

16. 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 <input checked="" type="checkbox"/> <i>Notice of Shut in Water Injection Well back on injection.</i>

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.

This is to inform you that the casing leak has been repaired on the referenced well and it was placed back on injection 12-5-86.

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

SIGNED *D F Finney* D F FINNEY TITLE *Administrative Supervisor* DATE *12-8-86*

ORIGINAL SIGNED BY JERRY SEXTON
 DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE *DEC 10 1986*

CONDITIONS OF APPROVAL, IF ANY: