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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103  
Supersedes Old  
C-102 and C-103  
Effective 1-1-65

<p align="center"><b>SUNDY NOTICES AND REPORTS ON WELLS</b> (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.)</p>		<p>5a. Indicate Type of Lease State <input type="checkbox"/> <u>Lease</u> Fee <input type="checkbox"/></p> <p>5. State Oil &amp; Gas Lease No. <u>LC-058697B</u></p>
<p>1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> <u>Injection Well - Water</u></p> <p>2. Name of Operator <u>Conoco Inc.</u></p> <p>3. Address of Operator <u>P.O. Box 460, Hobbs, N. M. 88240</u></p> <p>4. Location of Well UNIT LETTER <u>F</u> <u>1980</u> FEET FROM THE <u>North</u> LINE AND <u>1980</u> FEET FROM THE <u>West</u> LINE, SECTION <u>30</u> TOWNSHIP <u>17S</u> RANGE <u>33E</u> N.M.P.M.</p>	<p>7. Unit Agreement Name <u>MCA</u></p> <p>8. Farm or Lease Name <u>MCA Unit Btry 4</u></p> <p>9. Well No. <u>135</u></p> <p>10. Field and Pool, or Wildcat <u>Mojave GSA</u></p>	
<p>15. Elevation (Show whether DF, RT, GR, etc.) <u>4062' GR</u></p>	<p>12. County <u>Lea</u></p>	

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data  
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

<p>PERFORM REMEDIAL WORK <input type="checkbox"/></p> <p>TEMPORARILY ABANDON <input type="checkbox"/></p> <p>PULL OR ALTER CASING <input type="checkbox"/></p> <p>OTHER <input type="checkbox"/></p>	<p>PLUG AND ABANDON <input type="checkbox"/></p> <p>CHANGE PLANS <input type="checkbox"/></p> <p>OTHER <input type="checkbox"/></p>	<p>REMEDIAL WORK <input type="checkbox"/></p> <p>COMMENCE DRILLING OPNS. <input type="checkbox"/></p> <p>CASING TEST AND CEMENT JOBS <input type="checkbox"/></p> <p>OTHER <input checked="" type="checkbox"/> <u>Notice of Water Injection Well back on injection.</u></p>	<p>ALTERING CASING <input type="checkbox"/></p> <p>PLUG AND ABANDONMENT <input type="checkbox"/></p>
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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 referenced well 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 Paul Kautz TITLE Administrative Supervisor DATE 12-24-86

Orig. Signed by  
Paul Kautz  
Geologist

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE DEC 30 1986

CONDITIONS OF APPROVAL, IF ANY: