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LAND OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

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

5a. Indicate Type of Lease
State (Lease) Fee
5. State Oil & Gas Lease No.
LC-057210

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL GAS WELL OTHER- Injection - CO₂
2. Name of Operator: Coraco Inc.
3. Address of Operator: P.O. Box 460, Hobbs, N.M. 88240
4. Location of well
UNIT LETTER P 660 FEET FROM THE South LINE AND 660 FEET FROM
THE East LINE, SECTION 28 TOWNSHIP 17S RANGE 32E NMPM.
7. Unit Agreement Name: MCA Unit
8. Farm or Lease Name: MCA Unit Btry 2
9. Well No.: 207
10. Field and Pool, or Willcat: Maljamar GSA
15. Elevation (Show whether DF, RT, GR, etc.)
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 <u>Place on CO₂ injection</u> <input checked="" type="checkbox"/>

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 converted to a CO₂ injection well and placed on injection 4-17-89.

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

SIGNED Timothy K. Foote TITLE Asst. Admin. Supervisor DATE 5-31-89

ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE JUN 1 1989

CONDITIONS OF APPROVAL, IF ANY: