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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 Fed. Fee
5. State Oil & Gas Lease No.
LC-071985

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 *H* *330* FEET FROM THE *South* LINE AND *330* FEET FROM THE *East* LINE, SECTION *34* TOWNSHIP *26S* RANGE *32E* NMPM.

7. Unit Agreement Name: *North El Mar*

8. Farm or Lease Name: *North El Mar Unit*

9. Well No.: *50*

10. Field and Pool, or Wildcat: *El Mar Delaware*

15. Elevation (Show whether DF, RT, GR, etc.): *3111' DF*

12. County: *Lea*

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"/>	PLUS AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	OTHER <i>Notice of Shut in Water Injection Well</i> <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 subject well was shut in 6-25-86 pending evaluation of waterflood efficiency.

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

SIGNED *Kenn H. Vogel* TITLE *Administrative Supervisor* DATE *7-22-86*