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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-029410A**

**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 CO<sub>2</sub>  
2. Name of Operator: Conoco Inc.  
3. Address of Operator: P.O. Box 460, Hobbs, New Mexico  
4. Location of well  
UNIT LETTER H . 1980 FEET FROM THE North LINE AND 660 FEET FROM  
THE East LINE, SECTION 29 TOWNSHIP 17S RANGE 32E NMPM.  
7. Unit Agreement Name: MCA Unit  
8. Farm or Lease Name: MCA Unit Btry. 2  
9. Well No.: 154  
10. Field and Pool, or Willcat: Meljamin GSA  
11. Elevation (Show whether DF, RT, GR, etc.)  
12. County: Lea

13. 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 CO<sub>2</sub> 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 103.

*This is to inform you that the referenced well has been converted to a CO<sub>2</sub> injection well. Injection commenced 1-16-89*

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

SIGNED Melvin Simpson TITLE Administrative Supervisor DATE 1-20-89  
**ORIGINAL SIGNED BY JERRY SEXTON**  
**DISTRICT I SUPERVISOR**  
 APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE **JAN 26 1989**  
 CONDITIONS OF APPROVAL, IF ANY: