

Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

DISTRICT I P.O. Box 1980, Hobbs, NM 88240

OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, New Mexico 87504-2088

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

WELL API NO. <i>30-025-23730</i>
5. Indicate Type of Lease <i>Fed.</i> STATE <input type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. <i>LC-058699</i>
7. Lease Name or Unit Agreement Name <i>MCA Unit Battery 2</i>
8. Well No. <i>273</i>
9. Pool name or Wildcat <i>Malgones GSA</i>

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. Type of Well: OIL WELL GAS WELL OTHER *Injection CO₂*

2. Name of Operator
Conoco Inc.

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

4. Well Location
Unit Letter *L* : *1980* Feet From The *South* Line and *560* Feet From The *West* Line
Section *26* Township *17S* Range *32E* NMPM *Lea* County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

<p>NOTICE OF INTENTION TO:</p> <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>SUBSEQUENT REPORT OF:</p> <p>REMEDIAL WORK <input type="checkbox"/></p> <p>COMMENCE DRILLING OPNS. <input type="checkbox"/></p> <p>CASING TEST AND CEMENT JOB <input type="checkbox"/></p> <p>OTHER: <i>Place well on CO₂ injection.</i> <input checked="" type="checkbox"/></p>	<p>ALTERING CASING <input type="checkbox"/></p> <p>PLUG AND ABANDONMENT <input type="checkbox"/></p>
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12. 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 has been converted to a CO₂ injection well. Injection commenced 1-18-90. Also this well has been changed to Battery 2.

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

SIGNATURE *Marlene Simpson* TITLE *Administrative Supervisor* DATE *2-26-90*

TYPE OR PRINT NAME _____ TELEPHONE NO. _____

(This space for State Use)

APPROVED BY *Eddie W. Seay* TITLE *Oil & Gas Inspector* DATE *FEB 28 1990*

CONDITIONS OF APPROVAL, IF ANY: _____