Submit 3 Copies to Appropriate District Office

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

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

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

State of New Mexico
Energy, Minerals and Natural Resources Department

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

Form C-103
Revised 1-1-89

WELL API NO. 30-025-00479

5. Indicate Type of Lease Federal STATE ☐ FEE ☐

6. State Oil & Gas Lease No.

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.)

7. Lease Name or Unit Agreement Name: Maljamar Grayburg Unit

1. Type of Well: OIL WELL ☐ GAS WELL ☐ OTHER Injection Well

2. Name of Operator: Conoco Inc.

8. Well No. 1

3. Address of Operator: P.O. Box 2160, Hobbs, NM 88240

9. Pool name or Wildcat: Maljamar Y-SA

4. Well Location
Unit Letter P : 660 Feet From The South Line and 660' Feet From The east Line

Section 8 Township 17S Range 32E NMPM NEA County

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

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

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	☐	PLUG AND ABANDON	☐	REMEDIAL WORK	☐	ALTERING CASING	☐
TEMPORARILY ABANDON	☐	CHANGE PLANS	☐	COMMENCE DRILLING OPNS.	☐	PLUG AND ABANDONMENT	☑
PULL OR ALTER CASING	☐			CASING TEST AND CEMENT JOB	☐		
OTHER:	☐			OTHER:			☐

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.

Notified OCD prior to R.U.
Set CIBP at 3500'. Spot 25 sx. cement on top of CIBP.
Load hole w/mud, perf 4 holes at 988'. Est. circ. between 7" & 8-5/8" casing. Pump cmt. & circ. to surface between 7" & 8-5/8" casing. 350 sx cem. Pump 25 sx between 8-5/8 & 12 1/2. Erect P/A marker. Restore location

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

SIGNATURE W W Baker WWB TITLE Administrative Supervisor DATE Jan. 24, 1990

TYPE OR PRINT NAME TELEPHONE NO.

(This space for State Use)

FOR RECORD ONLY

APPROVED BY TITLE DATE FEB 1 1990

CONDITIONS OF APPROVAL, IF ANY:

R ✓ ✓ ✓
4 OCD - 3