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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 <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. <i>B-2366-10</i>
7. Unit Agreement Name
8. Farm or Lease Name <i>State "B"</i>
9. Well No. <i>7</i>
10. Field and Pool, or Wildcat <i>Meliman G SA</i>
12. County <i>Lea</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. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <i>Injection Well - Water</i>
2. Name of Operator <i>Conoco Inc.</i>
3. Address of Operator <i>P.O. Box 460, Hobbs, N.M. 88240</i>
4. Location of Well UNIT LETTER <i>H</i> <i>1980</i> FEET FROM THE <i>North</i> LINE AND <i>640</i> FEET FROM THE <i>East</i> LINE, SECTION <i>16</i> TOWNSHIP <i>17S</i> RANGE <i>32E</i> NMPM.
15. Elevation (Show whether DF, RT, GR, etc.) <i>4055' GR</i>

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOB <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 1703.

This is to inform you that the referenced well was shut in 8-14-87 for evaluation.

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

SIGNED *[Signature]* TITLE *Administrative Supervisor* DATE *8-20-87*

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT SUPERVISOR

APPROVED BY _____ TITLE _____ DATE *AUG 25 1987*

CONDITIONS OF APPROVAL, IF ANY:

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AUG 21 1947
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HOBBS OFFICE

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