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NEW MEXICO OIL CONSERVATION COMMISSION

JUL 23 11 47 AM '65

Form C-103  
Supersedes Old  
C-102 and C-103  
Effective 1-1-65

5a. Indicate Type of Lease  
State ☒ Fee ☐  
5. 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.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- <input type="checkbox"/>	7. Unit Agreement Name MCA
2. Name of Operator Continental Oil Company,	8. Farm or Lease Name MCA Unit <i>Butter 7</i>
3. Address of Operator Box 460, Hobbs, New Mexico	9. Well No. 12
4. Location of Well UNIT LETTER <u>N</u> <u>330</u> FEET FROM THE <u>South</u> LINE AND <u>2310</u> FEET FROM THE <u>West</u> LINE, SECTION <u>16</u> TOWNSHIP <u>17-S</u> RANGE <u>32-E</u> NMPM.	10. Field and Pool, or Wildcat <u>Baish-Malji-Pearsall Fld</u> <u>Maljamar Pool</u>
15. Elevation (Show whether DF, RT, GR, etc.) 4032 GR	12. County Lea

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

PERFORM REMEDIAL WORK ☐  
TEMPORARILY ABANDON ☐  
PULL OR ALTER CASING ☐

PLUG AND ABANDON ☐  
CHANGE PLANS ☐

REMEDIAL WORK ☐  
COMMENCE DRILLING OPNS. ☐  
CASING TEST AND CEMENT JOBS ☐

ALTERING CASING ☐  
PLUG AND ABANDONMENT ☐

OTHER Convert to water injection ☒

OTHER ☐

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.

In connection with the MCA Unit Waterflood, it is proposed to convert the subject well to water injection using the following procedure:

1. Clean out to TD 4122'.
2. Set 2 3/8" tubing w/retrievable packers at approx. 3,550'.
3. Connect up well for water injection down tubing.
4. Check for communications.
5. If communications occur - 7" casing will be re-cemented.

The USGS office in Roswell has granted approval for this conversion.

Your approval to do the above work is requested.

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

SIGNED Theresa Sane

TITLE Staff Assistant

DATE 7-21-65

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

NMOCC-5, LPT Partners -12