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LAND OFFICE	
OPERATOR	

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.
7. Unit Agreement Name <i>MCA Unit #5</i>
8. Farm or Lease Name <i>MCA</i>
9. Well No. <i>4</i>
10. Field and Pool, or Wildcat <i>Maljoma (G-5A)</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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>
2. Name of Operator <i>CONOCO, INC.</i>
3. Address of Operator <i>P.O. BOX 460, HOBBS, NEW MEXICO 88240</i>
4. Location of Well UNIT LETTER <i>C</i> , <i>660</i> FEET FROM THE <i>North</i> LINE AND <i>1980</i> FEET FROM THE <i>West</i> LINE, SECTION <i>16</i> TOWNSHIP <i>17</i> RANGE <i>32</i> NMPM.
5. Elevation (Show whether DF, RT, GR, etc.) <i>4059 GR</i>

16.

**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 ☐

OTHER *Temporary Abandonment Shutter* ☒

**SUBSEQUENT REPORT OF:**

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

ALTERING CASING ☐  
PLUG AND ABANDONMENT ☐

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.

Status of Well: *Shut In*  
Approximate date that temp. aban. commenced: *6-16-80*  
Reason for temp. aban.: *Less than 1/2 BOPD, Not economical*  
Future plans for well: *To be re-evaluated for future production*

Approximate date of future W. O. or plugging: *To be re-evaluated in 1981 to see if economically feasible to produce.*

*nmoc & (5), File*

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

SIGNED *Jane A. Nier* TITLE *Administrative Supervisor* DATE *NOV 17 1980*

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL IF ANY: \_\_\_\_\_