

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

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

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

OIL CONSERVATION DIVISION

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

WELL API NO. 30-025-00626
5. Indicate Type of Lease Federal ☐ STATE ☐ FEE ☐
6. State Oil & Gas Lease No. LC-029509B
7. Lease Name or Unit Agreement Name MCA Unit 572
8. Well No. 87
9. Pool name or Wildcat Mallamar (G-5A)
10. Elevation (Show whether LF, RCR, RT, GR, etc.)

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 ☒ CO ₂ injector
2. Name of Operator Conoco, Inc.
3. Address of Operator 10 Deste Drive West Midland, TX 79705
4. Well Location Unit Letter N : 660 Feet From The South Line and 1980 Feet From The West Line Section 22 Township 17 S Range 32 E NMEPM Lea County

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐
PULL OR ALTER CASING ☐	OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐	ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐	OTHER: Injection status change ☒

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.

The referenced well was placed back
on CO₂ injection 4/5/91.

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

SIGNATURE Nannette Nelson TITLE Analyst DATE 4/15/91
TYPE OR PRINT NAME Nannette Nelson (Nannette Nelson) TELEPHONE NO. 915/866553

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: