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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"/> <i>Ind.</i> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.
<i>LC-029509B</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 <input checked="" type="checkbox"/> <i>Injection Well - Water</i>	7. Unit Agreement Name
2. Name of Operator	<i>MCA</i>
3. Address of Operator	8. Farm or Lease Name
<i>Conoco Inc.</i>	<i>MCA Unit Btry 3</i>
4. Location of Well	9. Well No.
<i>P.O. Box 460, Hobbs, N.M. 88240</i>	<i>74</i>
UNIT LETTER <i>J</i> <i>1980</i> FEET FROM THE <i>South</i> LINE AND <i>1980</i> FEET FROM	10. Field and Pool, or Wildcat
THE <i>East</i> LINE, SECTION <i>22</i> TOWNSHIP <i>17S</i> RANGE <i>32E</i> NMPM.	<i>Maljamar GSA</i>
15. Elevation (Show whether DF, RT, GR, etc.)	12. County
<i>3993' DF</i>	<i>Lea</i>

15. 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 ☐
OTHER ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐
OTHER ☐

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOBS ☐
OTHER ☒ *Notice of Shut in Water
Injection Well*

ALTERING CASING ☐
PLUG AND ABANDONMENT ☐
OTHER ☒

16. 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.

This is to inform you that the referenced well was shut in 10-24-86 due to a packer leak.

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

SIGNED *Ken L. Vogel* TITLE *Administrative Supervisor* DATE *October 29, 1986*

ORIGINAL SIGNED BY JERRY SEDON
DISTRICT 1 SUPERVISOR

APPROVED BY _____

TITLE _____

DATE *OCT 29 1986*

CONDITIONS OF APPROVAL, IF ANY: