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, Artesia, NM 88210

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

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

WELL API NO. 30-025-00629

5. Indicate Type of Lease: Federal STATE ☐ FEE ☐

6. State Oil & Gas Lease No. LC-029509B.

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.)

7. Lease Name or Unit Agreement Name: MCA unit Bly B

1. Type of Well: OIL WELL ☐ GAS WELL ☐ OTHER (Injector)

2. Name of Operator: Conoco Inc

8. Well No. no. 36

3. Address of Operator: 10 Desta Drive West Midland TX 79705

9. Pool name or Wildcat: Maljamar (A-SA)

4. Well Location
Unit Letter H : 1980 Feet From The North Line and 660 Feet From The East Line

Section 22 Township 17S Range 32E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

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

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	☐	PLUG AND ABANDON	☐	REMEDIAL WORK	☐	ALTERING CASING	☐
TEMPORARILY ABANDON	☐	CHANGE PLANS	☐	COMMENCE DRILLING OPNS.	☐	PLUG AND ABANDONMENT	☐
PULL OR ALTER CASING	☐			CASING TEST AND CEMENT JOB	☐		
OTHER:	☐			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 shut-in 10-18-90 for engineering evaluation.

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

SIGNATURE Nannette Nelson TITLE Oil Production Analyst DATE 1/11/91

TYPE OR PRINT NAME Nannette Nelson TELEPHONE NO. 915 686 6555

(This space for State Use) ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: