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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"/> <u>Lease</u> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. <u>LC-058697B</u>
7. Unit Agreement Name <u>MCA</u>
8. Farm or Lease Name <u>MCA Unit Btry 4</u>
9. Well No. <u>139</u>
10. Field and Pool, or Wildcat <u>Maljama GSA</u>
12. County <u>Lin</u>

**SUNDY 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- <u>Injection Well-Water</u>
2. Name of Operator <u>Conoco Inc.</u>
3. Address of Operator <u>P.O. Box 460, Hobbs, N. M. 88240</u>
4. Location of Well UNIT LETTER <u>F</u> <u>1980</u> FEET FROM THE <u>North</u> LINE AND <u>1980</u> FEET FROM THE <u>West</u> LINE, SECTION <u>25</u> TOWNSHIP <u>17S</u> RANGE <u>32E</u> NMPM.
15. Elevation (Show whether DF, RT, GR, etc.) <u>4006' DF</u>

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

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOBS <input type="checkbox"/>	OTHER <u>Notice of Water Injection Well back on injection.</u> <input checked="" type="checkbox"/>

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.

*This is to inform you that the referenced well was placed back on injection 12-5-86.*

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

SIGNED Paul Kautz TITLE Administrative Supervisor DATE 12-24-86  
Orig. Signed by Paul Kautz Geologist  
APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE DEC 30 1986  
CONDITIONS OF APPROVAL, IF ANY: