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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 type="checkbox"/> <u>Ind.</u> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.
<u>LC-058697A</u>

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- <u>Injection Well-Water</u>	7. Unit Agreement Name
2. Name of Operator	<u>MCA</u>
3. Address of Operator	8. Farm or Lease Name
<u>P. O. Box 460, Hobbs, N. M. 88240</u>	<u>MCA Unit Btry 4</u>
4. Location of Well	9. Well No.
UNIT LETTER <u>J</u> , <u>1980</u> FEET FROM THE <u>South</u> LINE AND <u>1980</u> FEET FROM THE <u>East</u> LINE, SECTION <u>25</u> TOWNSHIP <u>17S</u> RANGE <u>32E</u> NMPM.	<u>194</u>
10. Field and Pool, or Wildcat	
<u>Meljamin GSA</u>	
11. Elevation (Show whether DF, RT, GR, etc.)	12. County
<u>4007' DF</u>	<u>Lea</u>

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

SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER <input type="checkbox"/>		OTHER <u>Notice of Water Injection Well</u> <input checked="" type="checkbox"/>	
		<u>back on injection</u>	

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 1703.

*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:

RECEIVED  
DEC 29 1985  
OCD  
HOBBS OFFICE