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U.S.G.S.	
LAND OFFICE	
OPERATOR	

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"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.	
LC-05721	
7. Unit Agreement Name	
MCA Unit	
8. Farm or Lease Name	
MCA Unit Btry 2	
9. Well No.	
152	
10. Field and Pool, or Wildcat	
Maljama BSA	
12. County	
Lea	

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  GAS WELL  OTHER: Injection Well - Water

2. Name of Operator  
Conoco Inc.

3. Address of Operator  
P.O. Box 460, Hobbs, N.M. 88240

4. Location of Well  
UNIT LETTER F 1980 FEET FROM THE North LINE AND 1980 FEET FROM THE West LINE, SECTION 28 TOWNSHIP 17S RANGE 32E NMPM.

15. Elevation (Show whether DF, RT, GR, etc.)

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"/>	PLUS AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	OTHER <u>Notice of Shut in Water Injection Well</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 1703.

*This is to inform you that the referenced well was shut in 8-1-88 due to the drilling of a new well in the area.*

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

SIGNED DF FINNEY

TITLE Administrative Supervisor

DATE 8-3-88

ORIGINAL SIGNED BY JERRY SEXTON

APPROVED BY DISTRICT SUPERVISOR

TITLE \_\_\_\_\_

DATE AUG 05 '88

CONDITIONS OF APPROVAL, IF ANY: