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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"/> (Lease) Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. LC-057210

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 <i>MCA Unit</i>
2. Name of Operator <i>Conoco Inc.</i>	8. Farm or Lease Name <i>MCA Unit Bldg 3</i>
3. Address of Operator <i>P.O. Box 460, Hobbs, N.M. 88240</i>	9. Well No. <i>207</i>
4. Location of Well UNIT LETTER <i>P</i> <i>660</i> FEET FROM THE <i>South</i> LINE AND <i>660</i> FEET FROM THE <i>East</i> LINE, SECTION <i>28</i> TOWNSHIP <i>17S</i> RANGE <i>32E</i> N.M.P.M.	10. Field and Pool, or Wildcat <i>Melgimer GSA</i>
15. Elevation (Show whether DF, RT, GR, etc.)	12. County <i>Lea</i>

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 JOBS <input type="checkbox"/>	OTHER <input checked="" type="checkbox"/> <i>Notice of Shut in Water Injection Well</i>

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 10-5-88 pending CO<sub>2</sub> injection.*

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

SIGNED *[Signature]* J. F. FINNEY TITLE *Administrative Supervisor* DATE *12-15-88*

ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE *DEC 19 1988*

CONDITIONS OF APPROVAL, IF ANY:

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HOBBS OFFICE

OCB  
HOBBS OFFICE