

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 Benito Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

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

|                                                    |                                                                     |
|----------------------------------------------------|---------------------------------------------------------------------|
| WELL API No.                                       | 30-025-00755                                                        |
| 5. Indicate Type of Lease                          | Federal STATE <input type="checkbox"/> FEE <input type="checkbox"/> |
| 6. State Oil & Gas Lease No.                       | LC-029410A                                                          |
| 7. Lease Name or Unit Agreement Name               | MCA Unit Bty 2                                                      |
| 8. Well No.                                        | 169                                                                 |
| 9. Pool name or Wildcat                            | Malyamar (E-SA)                                                     |
| 10. Elevation (Show whether DF, RCB, RT, CR, etc.) |                                                                     |

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. Type of Well:<br>OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> CO <sub>2</sub> injection | 2. Name of Operator<br>C. Good Inc.                                                                                                                    |
| 3. Address of Operator<br>10 West Drive West Midland, TX 79705                                                                                              | 4. Well Location<br>Unit Letter L : 1980 Feet From The South Line and 660 Feet From The West Line<br>Section 29 Township 17S Range 32E NMPM Lea County |

|                                                                               |                                           |                                                                                    |                                               |
|-------------------------------------------------------------------------------|-------------------------------------------|------------------------------------------------------------------------------------|-----------------------------------------------|
| 11. 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"/>                                 |                                           | CASING TEST AND CEMENT JOB <input type="checkbox"/>                                |                                               |
| OTHER: <input type="checkbox"/>                                               |                                           | OTHER: CO <sub>2</sub> injection status change <input checked="" type="checkbox"/> |                                               |

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 changed back to a  
CO<sub>2</sub> injection status 4-3-91.

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

SIGNATURE

Nannette Nelson

TITLE

Analyst

DATE

4/15/91

TYPE OR PRINT NAME

Nannette Nelson

TELEPHONE NO.

915-686-1552

(This space for State Use)

ORIGINAL COPIES BY JERRY SEYTON

APR 18 1991

APPROVED BY

TITLE

DATE

COMMENTS OF APPROVAL, IF ANY: