

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 Brazos 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

Lease STATE ☐ FEE ☐

6. State Oil & Gas Lease No.

LC-029410A

7. Lease Name or Unit Agreement Name

MCA Unit Battery 2

8. Well No.

169

9. Pool name or Wildcat

Majinas GSA

1. Type of Well:

OIL
WELL ☐

GAS
WELL ☐

OTHER

Injection-Water

2. Name of Operator

Conoco Inc.

3. Address of Operator

P.O. Box 460, Hobbs, N.M. 88240

4. Well Location

Unit Letter L : 1980 Feet From The South Line and 660 Feet From The West Line

Section

29

Township

17 S

Range

32 E NMPM

Lea

County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

11.

Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐

PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐

CHANGE PLANS ☐

PULL OR ALTER CASING ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐

ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐

PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: Notice of shut in injection well. ☒

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.

This is to inform you that the referenced well was shut in 4-16-90 for evaluation.

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

SIGNATURE

W W Baker

TITLE

Administrative Supervisor

DATE

4-25-90

TYPE OR PRINT NAME

TELEPHONE NO.

(This space for State Use)

APR 30 1990

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

FOR RECORD ONLY