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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"/> (Fed) <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.
LC-029410A

## SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUS 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"/> <u>Injection Well - Water</u>	7. Unit Agreement Name
2. Name of Operator	<u>MCA Unit</u>
3. Address of Operator	8. Farm or Lease Name
<u>P.O. Box 460, Hobbs, N. M. 88240</u>	<u>MCA Unit Btry. 2</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 <u>East</u> LINE, SECTION <u>29</u> TOWNSHIP <u>17S</u> RANGE <u>32E</u> NMPM.	<u>171</u>
10. Field and Pool, or Wildcat	
<u>Thalman GSA</u>	
15. Elevation (Show whether DF, RT, GR, etc.)	12. County
	<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"/>	PLUS 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 JOB <input type="checkbox"/>	OTHER <input checked="" type="checkbox"/> <u>Notice of Shut in Water Injection Well</u>

11. 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 12-10-88 pending CO<sub>2</sub> injection.*

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

SIGNED D. F. Finney TITLE Administrative Supervisor DATE 12-15-88

ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT 1 SUPERVISOR

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

CONDITION: OF APPROVAL, IF ANY:

