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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"/> <i>Lease</i> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. <i>LC-060199A</i>

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 <input type="checkbox"/> GAS <input type="checkbox"/> OTHER- <i>Injection Well - State</i>	7. Unit Agreement Name <i>MCA</i>
2. Name of Operator <i>Conoco Inc.</i>	8. Farm or Lease Name <i>MCA Unit Bty 2</i>
3. Address of Operator <i>P. O. Box 460, Hobbs, N.M. 88240</i>	9. Well No. <i>111</i>
4. Location of Well UNIT LETTER <i>B</i> <i>460</i> FEET FROM THE <i>North</i> LINE AND <i>1980</i> FEET FROM THE <i>East</i> LINE, SECTION <i>29</i> TOWNSHIP <i>17S</i> RANGE <i>32E</i> N.M.P.M.	10. Field and Pool, or Wildcat <i>Maljamar GSA</i>
15. Elevation (Show whether DF, RT, GR, etc.) <i>3969' GR</i>	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 JOB <input type="checkbox"/>	OTHER <input checked="" type="checkbox"/> <i>Notice of State Injection Well Back on Injection</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 1103.

*This is to inform you that the
referenced well was placed back
on injection 1-28-87.*

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

SIGNED *[Signature]* TITLE *Administrative Supervisor* DATE *1-29-87*

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE *JAN 30 1987*

CONDITIONS OF APPROVAL, IF ANY: