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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"/> (Fed.) Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.	LC-0590010

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</i>
2. Name of Operator <i>Conoco Inc.</i>	8. Farm or Lease Name <i>MCA Unit Btry 3</i>
3. Address of Operator <i>P.O. Box 460, Hobbs, N.M. 88240</i>	9. Well No. <i>223</i>
4. Location of Well UNIT LETTER <i>B</i> <i>660</i> FEET FROM THE <i>North</i> LINE AND <i>1980</i> FEET FROM THE <i>East</i> LINE, SECTION <i>33</i> TOWNSHIP <i>17S</i> RANGE <i>32E</i> NMPM.	10. Field and Pool, or Wildcat <i>Maham GSA</i>
15. Elevation (Show whether DF, RT, GR, etc.) <i>3938' DF</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 Water 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 1503.

This is to inform you that the referenced well was placed back on injection 9-25-86

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

SIGNED *Kenneth Lloyd* TITLE *Administrative Supervisor* DATE *10-7-86*

ORIGINAL SIGNED BY JERRY SEXTON

APPROVED BY *L. JERRY SEXTON* TITLE *Supervisor* DATE *10-7-86*

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED
OCT 8 1986
C-100
HISTORICAL SERVICE