Submit 3 Copies to Appropriate District Office

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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

Form C-103
Revised 1-1-89

WELL API NO. 30-025-0802500

5. Indicate Type of Lease Federal STATE ☐ FEE ☐

6. State Oil & Gas Lease No. LC 029405 B

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.)

7. Lease Name or Unit Agreement Name: Mitchell B

1. Type of Well: OIL WELL ☐ GAS WELL ☐ OTHER Injection

8. Well No. #13

2. Name of Operator: Conoco Inc.

9. Pool name or Wildcat: Maljamar Y-SA

3. Address of Operator: P.O. Box 460 Hobbs NM

4. Well Location
Unit Letter N : 660 Feet From The S Line and 1980 Feet From The W Line
Section 18 Township 17S Range 32E 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:				SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	☐	PLUG AND ABANDON	☐	REMEDIAL WORK	☐	ALTERING CASING	☐
TEMPORARILY ABANDON	☐	CHANGE PLANS	☐	COMMENCE DRILLING OPNS.	☐	PLUG AND ABANDONMENT	☐
PULL OR ALTER CASING	☐			CASING TEST AND CEMENT JOB	☐		
OTHER:	☐			OTHER: Temporary Abandon	☑		

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.

Notified State before R/U.

12/14/89 RIH w/ bit + 5½" csg. scraper to 3600'. POOH w/ tbg. scrapper. RIH w/ 5½" Elder CIBP + 114 2⅜" cmt. lined tbg. Set CIBP @ 3590'. Release off. Open well. no pressure. Circ. wellbore with 90 bbls 10# brine mixed w/ Pkr. fluid. Test plug + csg. to 500# for 15 minutes / cut chart for State. POOH w/ cmt. lined tbg. lay down in singles Top. csg. off w/ Pkr. Release unit.

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 2/1/90

TYPE OR PRINT NAME W W Baker TELEPHONE NO.

(This space for State Use)

APPROVED BY ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR TITLE DATE FEB 12 1990

CONDITIONS OF APPROVAL, IF ANY:

FOR RECORD ONLY

RECEIVED
FEB 11 1990
OCD
HOBBS OFFICE