

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. <b>30-025-08025</b>
5. Indicate Type of Lease <b>Federal</b> STATE <input type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name <b>Mitchell B</b>
8. Well No. <b>No. 13</b>
9. Pool name or Wildcat <b>Maljanna G-SA</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.)

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

2. Name of Operator  
**Conoco Inc.**

3. Address of Operator

P.O. Box 460 - Hobbs, New Mexico 88240

4. Well Location

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

PERFORM REMEDIAL WORK ☐  
TEMPORARILY ABANDON ☐  
PULL OR ALTER CASING ☐

PLUG AND ABANDON ☐  
CHANGE PLANS ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐  
CASING TEST AND CEMENT JOB ☐

OTHER: **Shut-in 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.

*A casing integrity test was run 12-15-89 on the referenced well (chart attached). We respectfully request permission for the well to remain shut-in.*

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

SIGNATURE *William W. Baker*

TITLE **Administrative Supervisor**

DATE **12/29/89**

TYPE OR PRINT NAME **William W. Baker**

(This space for State ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR

TELEPHONE NO. **392-5800**

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

**JAN 03 1990**

*77MOCN - 7444-1-1*

