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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 type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. LC-029405A
7. Unit Agreement Name MCA Unit
8. Farm or Lease Name MCA Unit Btry 1
9. Well No. 54
10. Field and Pool, or Wildcat Maljamar GSA
12. County Lea

SUNDY 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- <u>Injection Well-Water</u>
2. Name of Operator <u>Conoco Inc.</u>
3. Address of Operator <u>P.O. Box 460, Hobbs, New Mexico 88240</u>
4. Location of Well UNIT LETTER <u>F</u> <u>1980</u> FEET FROM THE <u>North</u> LINE AND <u>1980</u> FEET FROM THE <u>West</u> LINE, SECTION <u>19</u> TOWNSHIP <u>17S</u> RANGE <u>32E</u> NMPM.
15. Elevation (Show whether DF, RT, GR, etc.) <u>3955' DF</u>

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 ☐
OTHER ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐

SUBSEQUENT REPORT OF:
REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOB ☐
OTHER Notice of Water Injection Well back on injection ☒
ALTERING CASING ☐
PLUG AND ABANDONMENT ☐

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 7-30-87.

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

SIGNED [Signature]
ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

TITLE Administrative Supervisor DATE August 6, 1987

APPROVED BY [Signature]

TITLE _____ DATE AUG 10 1987

CONDITIONS OF APPROVAL, IF ANY: