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

**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 <input checked="" type="checkbox"/> <i>Injection Well - Water</i>
2. Name of Operator <i>Conoco Inc.</i>
3. Address of Operator <i>P.O. Box 460, Hobbs, N. M. 88240</i>
4. Location of Well UNIT LETTER <i>F</i> <i>1980</i> FEET FROM THE <i>North</i> LINE AND <i>1980</i> FEET FROM THE <i>West</i> LINE, SECTION <i>19</i> TOWNSHIP <i>17S</i> RANGE <i>32E</i> NMPM.
15. Elevation (Show whether DF, RT, CR, etc.) <i>3955' DF</i>

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data  
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG A' BANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOBS <input type="checkbox"/>	OTHER <input checked="" type="checkbox"/> <i>Notice of Shut in Water Injection Well</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 notify you that the referenced well was shut in 3-5-87.*

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

SIGNED *Jerry Sexton* JERRY SEXTON

TITLE *Administrative Supervisor*

DATE *3-6-87*

ORIGINAL SIGNED BY JERRY SEXTON

APPROVED BY *District I Supervisor*

TITLE

DATE *MAR 10 1987*

CONDITIONS OF APPROVAL, IF ANY: