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. 30-025-08053

5. Indicate Type of Lease Fed STATE ☐ FEE ☐

6. State Oil & Gas Lease No.

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: MCA Unit Btry. 1

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

2. Name of Operator: Conoco Inc.

8. Well No. 303

3. Address of Operator: P. O. Box 460, Hobbs, N. M. 88240

9. Pool name or Wildcat: Maljamar GSA

4. Well Location
Unit Letter J : 1980 Feet From The South Line and 1830 Feet From The East Line

Section 20 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: Return to injection	☒		

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.

On 10-1-89 the referenced well was shut in due to communications with an offset injector which was in need of repair. The offset well was repaired and well number 303 was placed back on injection 12-7-89.

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

SIGNATURE Marlene Simpson for TITLE Administrative Supervisor DATE 1-3-90

TYPE OR PRINT NAME TELEPHONE NO.

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY TITLE DATE JAN 04 1990

CONDITIONS OF APPROVAL, IF ANY:

Amended Report