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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 ☒ Federal ☐ State
5. 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.)

| | |
|---|--|
| 1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> <u>Injection Well</u> | 7. Unit Agreement Name <u>MCA Unit</u> |
| 2. Name of Operator <u>Conoco Inc.</u> | 8. Farm or Lease Name <u>MCA Unit Bty 1</u> |
| 3. Address of Operator <u>P.O. Box 460 - Hobbs, New Mexico 88240</u> | 9. Well No. <u>22</u> |
| 4. Location of Well UNIT LETTER <u>D</u> , <u>660</u> FEET FROM THE <u>north</u> LINE AND <u>660</u> FEET FROM THE <u>west</u> LINE, SECTION <u>20</u> TOWNSHIP <u>17S</u> RANGE <u>32E</u> NMPM. | 10. Field and Pool, or Wildcat <u>Maljamar G-5A</u> |
| 15. Elevation (Show whether DF, RT, GR, etc.) | 12. County <u>Lea</u> |

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

| | | | |
|---|---|--|---|
| PERFORM REMEDIAL WORK <input type="checkbox"/> | PLUG AND ABANDON <input type="checkbox"/> | REMEDIAL WORK <input type="checkbox"/> | ALTERING CASING <input type="checkbox"/> |
| TEMPORARILY ABANDON <input checked="" type="checkbox"/> | CHANGE PLANS <input type="checkbox"/> | COMMENCE DRILLING OPNS. <input type="checkbox"/> | PLUG AND ABANDONMENT <input type="checkbox"/> |
| PULL OR ALTER CASING <input type="checkbox"/> | OTHER <input type="checkbox"/> | CASING TEST AND CEMENT JOBS <input type="checkbox"/> | |

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.

- 1) MIRR
 - 2) POOH w/ Abg & pku.
 - 3) Set CIBP at 3500'. Circulate Abg/csg annulus w/pku fluid & POOH.
 - 4) Rig down.
- For further information call Barry Schneider at 397-5800.

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

SIGNED [Signature] TITLE Administrative Supervisor DATE 9/19/88

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: