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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

<p>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.)</p>		<p>5a. Indicate Type of Lease State <input checked="" type="checkbox"/> <u>Ind</u> Fee <input type="checkbox"/></p> <p>5. State Oil & Gas Lease No. <u>LC-029405B</u></p>
<p>1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- <u>Injection Well - Water</u></p> <p>2. Name of Operator <u>Conoco Inc.</u></p> <p>3. Address of Operator <u>P.O. Box 460, Hobbs, N.M. 88240</u></p> <p>4. Location of Well UNIT LETTER <u>P</u> <u>660</u> FEET FROM THE <u>South</u> LINE AND <u>660</u> FEET FROM THE <u>East</u> LINE, SECTION <u>20</u> TOWNSHIP <u>17S</u> RANGE <u>32E</u> NMPM.</p>	<p>7. Unit Agreement Name <u>MCA Unit</u></p> <p>8. Farm or Lease Name <u>MCA Unit Bty. 1</u></p> <p>9. Well No. <u>94</u></p> <p>10. Field and Pool, or Wildcat <u>Majinas GSA</u></p>	
<p>15. Elevation (Show whether DF, RT, GR, etc.)</p>	<p>12. County <u>Lea</u></p>	

<p>16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data</p>	
<p>NOTICE OF INTENTION TO:</p> <p>PERFORM REMEDIAL WORK <input type="checkbox"/></p> <p>TEMPORARILY ABANDON <input type="checkbox"/></p> <p>PULL OR ALTER CASING <input type="checkbox"/></p> <p>OTHER <input type="checkbox"/></p>	<p>SUBSEQUENT REPORT OF:</p> <p>PLUG AND ABANDON <input type="checkbox"/></p> <p>CHANGE PLANS <input type="checkbox"/></p> <p>OTHER <input type="checkbox"/></p> <p>REMEDIAL WORK <input type="checkbox"/></p> <p>COMMENCE DRILLING OPNS. <input type="checkbox"/></p> <p>CASING TEST AND CEMENT JOBS <input type="checkbox"/></p> <p>OTHER <u>Notice of Shut in Water Injection Well</u> <input checked="" type="checkbox"/></p> <p>ALTERING CASING <input type="checkbox"/></p> <p>PLUG AND ABANDONMENT <input type="checkbox"/></p>

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 1703.

This is to inform you that the referenced well was shut in 12-10-88 pending CO₂ injection.

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

SIGNED John Finney JOHN FINNEY TITLE Administrative Supervisor DATE 12-15-88

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT 1 SUPERVISOR

APPROVED BY _____ TITLE _____ DATE DEC 19 1988

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

DEC 16 1988

NOTED THAT TO CHAIRMAN
ROBERTSON TO STATE
OCD
HOBBS OFFICE