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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"/> Fed. <input type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.
LC-029405B

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 <u>Injection Well - Water</u>	7. Unit Agreement Name <u>MCA</u>
2. Name of Operator <u>Conaco 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</u>	9. Well No. <u>94</u>
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.	10. Field and Pool, or Wildcat <u>Mojave GSA</u>
15. Elevation (Show whether DF, RT, GR, etc.) <u>3995' GR</u>	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"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>
OTHER <input type="checkbox"/>	OTHER <u>Notice of Water Injection</u> <input checked="" type="checkbox"/>
PLUG AND ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
CHANGE PLANS <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	Well back on injection

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 5-1-87.

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

SIGNED DE FINNEY TITLE Administrative Supervisor DATE May 27, 1987

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE MAY 29 1987

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED
MAY 28 1981
OCD
HOBBS OFFICE