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LAND OFFICE	
OPERATOR	

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

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
2. Name of Operator	<u>MCA Unit</u>
3. Address of Operator	8. Farm or Lease Name
<u>P.O. Box 460, Hobbs, N.M.</u>	<u>MCA Unit</u>
4. Location of Well	9. Well No.
UNIT LETTER <u>N</u> <u>660</u> FEET FROM THE <u>South</u> LINE AND <u>1980</u> FEET FROM	<u>97</u>
THE <u>West</u> LINE, SECTION <u>20</u> TOWNSHIP <u>17S</u> RANGE <u>32E</u> N.M.P.M.	10. Field and Pool, or Willacut
	<u>Maljamas GSA</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 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"/>	OTHER <u>Notice of shut in water injection well.</u> <input checked="" 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 1703.

The referenced well was shut in 1-1-88 to back flow to relieve pressure, so that major well work can be performed in preparation of the MCA Unit CO<sub>2</sub> flood.

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

SIGNED Rgr for Dave Finney TITLE Administrative Supervisor DATE 1-26-88

ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR

APPROVED BY DATE JAN 28 1988

CONDITIONS OF APPROVAL, IF ANY:

FOR RECORD ONLY

**RECEIVED**

**JAN 27 1988**

**OCD**

**HOERS OFFICE**