

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

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

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO.

30 - 025-08068

5. Indicate Type of Lease

Federal STATE ☐ FEE ☐

6. State Oil & Gas Lease No.

LC-02940513

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 G-101) FOR SUCH PROPOSALS.)

1. Type of Well:

OIL
WELL ☐

GAS
WELL ☐

OTHER ☒ Injection

2. Name of Operator

Conoco Inc

8. Well No.

62

3. Address of Operator

10 Santa Fe West Midland, TX 79705

9. Pool name or Wildcat

Malamar (GSA)

4. Well Location:

Unit Letter: L : 1980 Feet From The South Line and 662 Feet From The West Line

Section 20 Township 17S Range 32E NMPM Lea County

10. Elevation (Show whether DF, RKE, RT, GR, etc.)

11.

Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐

PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐

CHANGE PLANS ☐

PULL OR ALTER CASING ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐

ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐

PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: Injection Status Change ☒

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.

The referenced well was shut-in 12/17/90 for engineering evaluation.

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

SIGNATURE

Margaret Nelson

TITLE

Oil Production Analyst

DATE

12/28/90

TYPE OR PRINT NAME

Margaret Nelson

TELEPHONE NO. 915-686-655

(This space for State Use)

APPROVED BY JERRY SEXTON
DISTRICT SUPERVISOR

APPROVED BY

TITLE

DATE

JAN 04 1991

CONDITIONS OF APPROVAL, IF ANY: