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# NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103  
Supersedes Old  
C-102 and C-103  
Effective 1-1-85

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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- <u>Injection Well - Water</u>	7. Unit Agreement Name MCA
2. Name of Operator Conoco Inc.	8. Farm or Lease Name <u>Bty 1</u> MCA Unit
3. Address of Operator P.O. Box 460, Hobbs, N.M. 88240	9. Well No. 62
4. Location of Well UNIT LETTER <u>L</u> . <u>1980</u> FEET FROM THE <u>South</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 Maljamar GSA
11. Elevation (Show whether DF, RT, GR, etc.) 3959' DF	12. County Lea

16. 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>Return to injection</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 1103.

This is to inform you that the referenced well was placed back on injection 8-20-86.

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

SIGNED Paul Kautz TITLE Administrative Supervisor DATE August 25, 1986

Orig. Signed by  
Paul Kautz  
Geologist

APPROVED BY \_\_\_\_\_

TITLE \_\_\_\_\_

DATE AUG 27 1986

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED  
AUG 26 1986  
A.C.P.  
MOBES OFFICE