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LAND OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

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

5a. Indicate Type of Lease
 State ☒ Lease Fee ☐
 5. State Oil & Gas Lease No.
LC-057210

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 TO DRILL" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL ☐ GAS WELL ☐ OTHER <u>Injection Well - Water</u>	7. Unit Agreement Name <u>MCA Unit</u>
2. Name of Operator <u>Conoco Inc.</u>	8. Farm or Lease Name <u>MCA Unit #2</u>
3. Address of Operator <u>P.O. Box 460, Hobbs, N.M.</u>	9. Well No. <u>116</u>
4. Location of well UNIT LETTER <u>B</u> <u>75</u> FEET FROM THE <u>North</u> LINE AND <u>2560</u> FEET FROM THE <u>East</u> LINE, SECTION <u>28</u> TOWNSHIP <u>17S</u> RANGE <u>32E</u> N.M.P.M.	10. Field and Pool, or wildcat <u>Malinman 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:

PERFORM REMEDIAL WORK ☐
 TEMPORARILY ABANDON ☐
 PULL OR ALTER CASING ☐
 OTHER ☐

PLUG AND ABANDON ☐
 CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐
 COMMENCE DRILLING OPNS. ☐
 CASING TEST AND CEMENT JOBS ☐
 OTHER Notice of shut in water injection well. ☒
 ALTERING CASING ☐
 PLUG AND ABANDONMENT ☐

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.

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 CO₂ flood.

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

SIGNED R. J. Sexton for Dave Finney TITLE Administrative Supervisor DATE 1-26-88

ORIGINAL SIGNED BY JERRY SEXTON
 DISTRICT 1 SUPERVISOR

APPROVED BY _____ TITLE _____

JAN 28 1988
 DATE

CONDITIONS OF APPROVAL, IF ANY: **FOR RECORD ONLY**