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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 Fed. Fee
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 GAS WELL OTHER **Injection Well - Water**
7. Unit Agreement Name
MCA Unit

2. Name of Operator
Conoco Inc.
8. Farm or Lease Name
MCA Unit Btry 1

3. Address of Operator
P. O. Box 460, Hobbs, N.M. 88240
9. Well No.
61

4. Location of Well
UNIT LETTER **L** **2615** FEET FROM THE **South** LINE AND **25** FEET FROM
10. Field and Pool, or Wellcat
Majamar GSA
THE **West** LINE, SECTION **20** TOWNSHIP **17S** RANGE **32E** NMPM.

15. Elevation (Show whether DF, RT, GR, etc.)
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"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
OTHER <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
	CASING TEST AND CEMENT JOBS <input type="checkbox"/>
	OTHER <input checked="" type="checkbox"/> Notice of shut in Water Injection Well.

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 subject well was shut in 4-11-88 due to a tubing or packer leak.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.
SIGNED *Jerry Sexton* **DF FINNEY** TITLE *Administrative Supervisor* DATE *4-14-88*

APPROVED BY *Jerry Sexton* **ORIGINAL SIGNED BY JERRY SEXTON** **DISTRICT I SUPERVISOR** TITLE _____ DATE **APR 18 1988**
CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

APR 15 1988

**OCD
HOBBS OFFICE**