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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>Ad.</u> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. <u>LC-057210</u>
7. Unit Agreement Name <u>MCA Unit</u>
8. Farm or Lease Name <u>MCA Unit Bldg 3</u>
9. Well No. <u>301</u>
10. Field and Pool, or Wildcat <u>Majima GSA</u>
12. County <u>Lea</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 <input type="checkbox"/> GAS <input type="checkbox"/> OTHER <u>Injection Well - Water</u>
2. Name of Operator <u>Conoco Inc.</u>
3. Address of Operator <u>P.O. Box 460, Hobbs, N. M. 88240</u>
4. Location of Well UNIT LETTER <u>J</u> <u>1980</u> FEET FROM THE <u>South</u> LINE AND <u>1780</u> FEET FROM THE <u>East</u> LINE, SECTION <u>28</u> TOWNSHIP <u>17S</u> RANGE <u>32E</u> NMPM.

15. Elevation (Show whether DF, RT, GR, etc.)

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOBS <input type="checkbox"/>	OTHER <u>Notice of Shut in Water</u> <input checked="" type="checkbox"/>
<u>Injection Well</u>	

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 shut in 10-5-88 pending CO₂ injection.

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

SIGNED DF FINNEY
ORIGINAL SIGNED BY JERRY SIXTON
DISTRICT SUPERVISOR

TITLE Administrative Supervisor DATE 12-15-88

APPROVED BY _____

TITLE _____

DATE DEC 19 1988

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

DEC 16 1966

U.S. DEPARTMENT OF JUSTICE
HOBBS OFFICE
OCD
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