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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 ☒ Lease Fee ☐  
5. State Oil & Gas Lease No.  
LC-058699

## SUNDY 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<br><u>MCA Unit</u>             |
| 2. Name of Operator<br><u>Cenaco Inc.</u>                                                                                                                                                               | 8. Farm or Lease Name<br><u>MCA Unit Btry. 4</u>      |
| 3. Address of Operator<br><u>P. O. Box 460, Hobbs, N. M. 88240</u>                                                                                                                                      | 9. Well No.<br><u>350</u>                             |
| 4. Location of well<br>UNIT LETTER <u>L</u> <u>2615</u> FEET FROM THE <u>South</u> LINE AND <u>1295</u> FEET FROM<br>THE <u>West</u> LINE, SECTION <u>26</u> TOWNSHIP <u>17S</u> RANGE <u>32E</u> NMPM. | 10. Field and Pool, or Willcat<br><u>Maljamar GSA</u> |
| 11. Elevation (Show whether DF, RT, CR, etc.)                                                                                                                                                           | 12. County<br><u>Lea</u>                              |

### 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"/> | 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>Notice of shut-in injection well.</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.

The referenced well was shut-in 6-30-89 because the injection pressure exceeded the approved limits.

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

|                                                          |                                |                         |
|----------------------------------------------------------|--------------------------------|-------------------------|
| SIGNED <u>Jerry Sexton</u>                               | TITLE <u>Admin. Supervisor</u> | DATE <u>7-7-89</u>      |
| ORIGINAL SIGNED BY JERRY SEXTON<br>DISTRICT I SUPERVISOR |                                |                         |
| APPROVED BY _____                                        | TITLE _____                    | DATE <u>JUL 11 1989</u> |
| CONDITIONS OF APPROVAL, IF ANY:                          |                                |                         |

RECEIVED

JUL 10 1929

OCD  
HOBBS OFFICE