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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 <input type="checkbox"/> <u>Oil</u> <input type="checkbox"/>
5. State Oil & Gas Lease No. <u>LC-058697B</u>
7. Unit Agreement Name
8. Farm or Lease Name <u>Paul "B"</u>
9. Well No. <u>3</u>
10. Field and Pool, or Wildcat <u>Maljamas 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 - 1" (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>
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>N</u> <u>685</u> FEET FROM THE <u>S</u> LINE AND <u>2050</u> FEET FROM THE <u>W</u> LINE, SECTION <u>30</u> TOWNSHIP <u>17S</u> RANGE <u>33E</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:	SUBSEQUENT REPORT OF:
<input type="checkbox"/> PERFORM REMEDIAL WORK <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> OTHER _____	<input type="checkbox"/> REMEDIAL WORK <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> CASING TEST AND CEMENT JOBS <input checked="" type="checkbox"/> OTHER <u>Notice of Shut in Water Injection Well</u>
<input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> OTHER _____	<input type="checkbox"/> ALTERING CASING <input type="checkbox"/> 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 1703.

This is to inform you that the referenced well was shut in 2-27-89 for evaluation.

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>District Supervisor</u>	DATE <u>3-6-89</u>
ORIGINAL SIGNED BY JERRY SEXTON DISTRICT 1 SUPERVISOR		
APPROVED BY _____	TITLE _____	DATE <u>MAR 8 1989</u>
CONDITIONS OF APPROVAL, IF ANY:		