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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>Ind</u>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.	
<u>LC-030133A</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 WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER: <u>Injection Well - Water</u>		7. Unit Agreement Name
2. Name of Operator		8. Farm or Lease Name
<u>Conoco Inc.</u>		<u>South Eunice Unit</u>
3. Address of Operator		9. Well No.
<u>P.O. Box 460, Hobbs, N. M. 88240</u>		<u>33</u>
4. Location of Well		10. Field and Pool, or Wildcat
UNIT LETTER <u>A</u> <u>660</u> FEET FROM THE <u>North</u> LINE AND <u>660</u> FEET FROM		<u>Eunice 7-Road Queen So.</u>
THE <u>East</u> LINE, SECTION <u>29</u> TOWNSHIP <u>22S</u> RANGE <u>36E</u> N.M.P.M.		
15. Elevation (Show whether DF, RT, GR, etc.)		12. County
<u>3542' DF</u>		<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"/>
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 JOB <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 11703.

This is to inform you that the referenced well was shut in 2-25-87 for evaluation.

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

SIGNED D.F. Finney TITLE Administrative Supervisor DATE 2-27-87

ORIGINAL SIGNED BY JERRY SEXTON

APPROVED BY DISTRICT SUPERVISOR

TITLE

DATE MAR 3 1987

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED
MAR 2 1987
OCD
HOBBS OFFICE