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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. Fee</u> <input type="checkbox"/>
5. State Oil & Gas Lease No. <u>LC-0695150</u>
7. Unit Agreement Name <u>North El Mar</u>
8. Farm or Lease Name <u>North El Mar Unit</u>
9. Well No. <u>8</u>
10. Field and Pool, or Wildcat <u>El Mar Delaware</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 - I" (FORM C-101) FOR SUCH PROPOSALS.)

1. 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>D</u> <u>990</u> FEET FROM THE <u>North</u> LINE AND <u>990</u> FEET FROM THE <u>West</u> LINE, SECTION <u>25</u> TOWNSHIP <u>26S</u> RANGE <u>32E</u> N.M.P.M.
15. Elevation (Show whether DF, RT, GR, etc.) <u>3129' DF</u>

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"/> 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 type="checkbox"/> OTHER <u>Notice of Shut in Water Injection Well</u> <input checked="" type="checkbox"/>
PLUG AND ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/> PLUG AND ABANDONMENT <input type="checkbox"/>

16. 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 6-25-86 pending evaluation of waterflood efficiency.

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

SIGNED [Signature] TITLE Administrative Supervisor DATE 7-22-86

FOR RECORD ONLY

ORIGINAL SIGNED BY JERRY SEXTON
ADMINISTRATIVE SUPERVISOR
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____ DATE AUG 6 1986