

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
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 ☒ Fed ☐ Fee ☐  
5. State Oil & Gas Lease No.

## 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</u>	7. Unit Agreement Name <u>NMFLU</u>
2. Name of Operator <u>Conoco Inc.</u>	8. Farm or Lease Name <u>Caves A</u>
3. Address of Operator <u>P.O. Box 460 - Hobbs, New Mexico 88240</u>	9. Well No. <u>5</u>
4. Location of Well UNIT LETTER <u>K</u> <u>1980</u> FEET FROM THE <u>South</u> LINE AND <u>1980</u> FEET FROM THE <u>West</u> LINE, SECTION <u>19</u> TOWNSHIP <u>26S</u> RANGE <u>37E</u> NMPM.	10. Field and Pool, or Wildcat <u>Scotchrough Yates 7A</u>
15. Elevation (Show whether DF, RT, GR. etc.)	12. County <u>Lea</u>

16. 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"/> FULL 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>Temporary Test Inj 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.

Work started 9/18/87. MIRRU. Set pkr at 2872'. Pressure test to 5000 psi. Lmpd 90 bbls Conoco pkr fluid #1 & 2 down backside at rate of 2 BPM. Well went on vacuum. Pressure up on pkr to 600 psi. Pkr held pressure for 15 mins. Rig down & hook up surface equipment. Work completed on 9/19/87.

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

SIGNED DF FINNEY TITLE Administrative Supervisor DATE January 4, 1988

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:  
NMOCN - Hobbs (3) File FOR RECORD ONLY