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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 ☐ Federal ☒ 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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator Conoco Inc.	8. Farm or Lease Name Eaves A
3. Address of Operator P.O. Box 460 - Hobbs, New Mexico 88240	9. Well No. No. 5
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> N.M.P.M.	10. Field and Pool, or Wildcat Scarbrough Upts 7 Rve
15. Elevation (Show whether DF, RT, GR, etc.)	12. County Lea

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"/>	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 checked="" type="checkbox"/> Convert to Temporary Test Injection Well	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	OTHER <input 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.

1. MIRR. Pick up 5 1/2" pku & 93, to 2 7/8" 6.4" 5.55 EUE 8" Id Abg & set at 2880'.
2. Load backside & pressure test to 500 psi.
3. Establish injection rates & monitor pressure.
4. Lay 2 7/8" transfer line & test to 500 psi.
5. Make any required wellhead modifications and tie-in.
Begin injection

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

SIGNED Eddie W. Seay TITLE Administrative Supervisor DATE October 15, 1987

APPROVED BY Oil & Gas Inspector TITLE DATE OCT 19 1987

CONDITIONS OF APPROVAL, IF ANY:
none