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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 Federal
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 Well</u>	7. Unit Agreement Name <u>MCA Unit</u>
2. Name of Operator <u>Conoco Inc.</u>	8. Farm or Lease Name <u>MCA Unit Bty 2</u>
3. Address of Operator <u>P.O. Box 460 - Hobbs, New Mexico 88240</u>	9. Well No. <u>70</u>
4. Location of Well UNIT LETTER <u>J</u> , <u>1980</u> FEET FROM THE <u>South</u> LINE AND <u>1980</u> FEET FROM THE <u>East</u> LINE, SECTION <u>21</u> TOWNSHIP <u>17S</u> RANGE <u>32E</u> NMPM.	10. Field and Pool, or Wildcat <u>Malyman-GSA</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"/>	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 type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER <u>Convert to Cased Hole</u> <input checked="" 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 1703.

Work started 8/17/88. MURU. CO & jet wash OH to TD. Run 4 1/2" line from 4004'-3312'. Cement w/200 sus 50/50 poz. Reverse out 5 bbl. Pull out cement on top of lines. Test line top to 1000 psi, held okay. Run CBH. Perf 3944'-53' at 2 jspf. Spot 2 bbls acid, pmpd acid 1 BPM at 1500 psi. Run inj profile. Perf 6th & 7th zones. Run injection equipment. Work completed on 9/9/88.

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

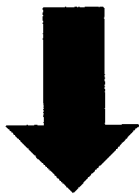
SIGNED Eddie W. Seay TITLE Administrative Supervisor DATE October 17 1988
Eddie W. Seay
Oil & Gas Inspector
 APPROVED BY _____ TITLE _____ DATE OCT 20 1988

CONDITIONS OF APPROVAL, IF ANY:

Job separation sheet



LTR



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Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. indicate Type of Lease
State Fee

5. State Oil & Gas Lease No.
LC-029509A

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. OIL WELL GAS WELL OTHER Injection Well - Water

2. Name of Operator Conoco Inc.

3. Address of Operator P.O. Box 460, Hobbs, N.M. 88240

4. Location of well
UNIT LETTER J 1980 FEET FROM THE South LINE AND 1980 FEET FROM
THE East LINE, SECTION 21 TOWNSHIP 17S RANGE 32E N.M.P.M.

7. Unit Agreement Name MCA Unit

8. Farm or Lease Name MCA Unit Bty. 2

9. Well No. 70

10. Field and Pool, or Willcat Maljinas GSA

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 type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER <u>Return to injection</u> <input checked="" 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.

This is to inform you that the referenced well was placed back on injection 9-13-88.

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

SIGNED [Signature] DISTRICT SUPERVISOR TITLE Administrative Supervisor DATE 9-19-88

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT SUPERVISOR

APPROVED BY _____ TITLE _____ DATE SEP 21 1988

CONDITIONS OF APPROVAL, IF ANY: