Submit 3 Copies to Appropriate District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO. 30-025-0074

5. Indicate Type of Lease Fed STATE ☐ FEE ☐

6. 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.)

7. Lease Name or Unit Agreement Name: MCA Unit Bty 2

1. Type of Well: OIL WELL ☐ GAS WELL ☐ OTHER CO_2 Injector

2. Name of Operator: Conoco Inc.

8. Well No. #150

3. Address of Operator: P.O. Box - Hobbs, NM 88240

9. Pool name or Wildcat: Maljamar G-SA

4. Well Location

Unit Letter H : 1980 Feet From The North Line and 660 Feet From The East Line

Section 28 Township 17S Range 32E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	☐	PLUG AND ABANDON	☐	REMEDIAL WORK	☐	ALTERING CASING	☐
TEMPORARILY ABANDON	☐	CHANGE PLANS	☐	COMMENCE DRILLING OPNS.	☐	PLUG AND ABANDONMENT	☐
PULL OR ALTER CASING	☐			CASING TEST AND CEMENT JOB	☐		
OTHER:	☐			OTHER: Repair & acidize	☒		

12. 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.

Kill well. Set RBP @ 404. Circ. hole w/14ppg mud. Spot 3 Bbl 15% HCl-NE-FE across perfs. Pressure up to 2200 #. Displace w/10ppg brine. Perf. MGSA 7th w/2 JSPF 3980'-4008' (56 holes). 3922'-3935' + 3904'-3911' (44 perfs) Spot 5 Bbl 15% HCl-NE-FE acid across 7th zone perfs. Set PKr @ 3875 and acidize w/40 Bbl 15% HCl-NE-FE. Perf. MGSA 6th w/2 JSPF 3822-3771 (102 shots). Acidize w/40 Bbls 15% HCl-NE-FE. Circ. w/Pkr. fluid, Test csg. to 2000 #. See attached chart.

Return to injection

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

SIGNATURE W.W. Baker TITLE Adm. Supervisor DATE 2-9-90

TYPE OR PRINT NAME W.W. Baker TELEPHONE NO. 397-5800

(This space for State Use) ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

FEB 16 1990

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: