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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 ☐ GAS WELL ☐ OTHER ☒ <u>Injection Well</u>	7. Unit Agreement Name <u>MCA Unit Bty 2</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>66</u>
4. Location of Well UNIT LETTER <u>I</u> , <u>1980</u> FEET FROM THE <u>South</u> LINE AND <u>660</u> FEET FROM THE <u>east</u> LINE, SECTION <u>20</u> TOWNSHIP <u>17S</u> RANGE <u>32E</u> N.M.P.M.	10. Field and Pool, or Wildcat <u>Maljamar G-SA</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:

PERFORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐
OTHER ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐
OTHER ☐

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOBS ☐
OTHER ☒ Convert to Injection

ALTERING CASING ☐
PLUG AND ABANDONMENT ☐
OTHER ☒ R-6157

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.

Due to an oversight a Sundry Notice was not submitted on this well. An authorization to inject water was granted by Order No. R-6157.

Work started on 7/8/81 and completed 7/15/81.

Run OH Caliper Survey from 3500' - 4060'. Acidize w/1500 gals of 15% HCL-NE-FE acid. Flush w/1000 gals produced water. Set ttpg pkr at 3630'. Acidize w/1500 gals of 15% HCL-NE-FE acid down ttpg. Flush w/20 bbls produced water. Ran 2 3/8" PC ttpg & 7" Baker HD-1 tension pkr. Lmpd 125 bbls pkr fluid down csq. Set tension pkr at 3500'. Place well on injection.

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

SIGNED Mahine Simpson TITLE for Administrative Supervisor DATE 9/21/88

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT 1 SUPERVISOR

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

E