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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 <input type="checkbox"/> Fed <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.
LC-057210

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	MCA
3. Address of Operator	8. Farm or Lease Name
P. O. Box 460, Hobbs, N.M. 88240	MCA Unit Bldg 3
4. Location of Well	9. Well No.
UNIT LETTER <u>M</u> <u>55</u> FEET FROM THE <u>South</u> LINE AND <u>1200</u> FEET FROM	346
THE <u>West</u> LINE, SECTION <u>27</u> TOWNSHIP <u>17S</u> RANGE <u>32E</u> NMPM.	10. Field and Pool, or Wildcat
	Maljamar G/SA
15. Elevation (Show whether DF, RT, GR, etc.)	12. County
	Lea

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 ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐

OTHER repair surf. wtr flow ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOBS ☐
OTHER ☐

ALTERING CASING ☐
PLUG AND ABANDONMENT ☐

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 MIRU
- ② Rig up pmp truck to bradenhead valve
- ③ Run tracer survey
- ④ Braden head sqz the csg-csg annulys as follows:
 - a. Lead-in w/ 2bbls salt saturated brine
 - b. Pmp 2bbl fresh wtr cushion
 - c. Pmp 20 bbls F/o-Chek
 - d. Tail-in w/ 230 sxs Class "H"
 - e. Displace cmt thru wellhead w/ fresh wtr
- ⑤ Shut-in bradenhead valve & install pop-off valve set @ 800 psi
- ⑥ Return well to production

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

SIGNED [Signature] TITLE Administrative Supervisor DATE 11-20-85

ORIGINAL SIGNED BY [Signature] DISTRICT 1 SUPERVISOR

NOV 27 1985

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NOV 22 1985

U.S.
HOUSE OF REPRESENTATIVES