

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instruction on reverse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

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—" for such proposals.)

1. OIL WELL GAS WELL OTHER Inj. well temp. shut-in

2. NAME OF OPERATOR CONOCO INC.

3. ADDRESS OF OPERATOR P. O. Box 460, Hobbs, N.M. 88240

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface Unit J

14. PERMIT NO. 1980' FSL & 1830' FEL
30-025-08053

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

5. LEASE DESIGNATION AND SERIAL NO. LC-029405 (b)

6. IF INDIAN, ALLOTTED OR TRIBE NAME

7. UNIT AGREEMENT NAME MCA

8. FARM OR LEASE NAME MCA Unit B/Step 1

9. WELL NO. 303

10. FIELD AND POOL, OR WILDCAT Maljamar Co/SA

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SEC. 20, T-17S, R-32E

12. COUNTY OR PARISH Lea

13. STATE NM

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETION <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

(Other) RPR surface waterflow

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

- ① MIRU service rig
 - ② Rig up pump truck to bradenhead valve and attempt to pump 15 bbls fresh wtr between surface-production annulus
 - ③ Run tracer survey
 - ④ Bradenhead sqz the csg-csg annulus as follows; Lead-in w/2 bbls salt saturated brine, pmp 2 bbls fresh water spacer, pmp 20 bbls Flo-Chek & tail-in w/160 5XS class "H" cmt w/ 3% CaCl₂
 - ⑤ Return to injection
- ⑥ Verify cement to base of salt section.

18. I hereby certify that the foregoing is true and correct

SIGNED [Signature] TITLE Administrative Supervisor DATE 10-4-85

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE ADMINISTRATIVE SUPERVISOR DATE 10-17-85

CONDITIONS OF APPROVAL, IF ANY [Signature]

Subject to
Like Approval

*See Instructions on Reverse Side

BLM - Carlisba (6) ARCO (5) City 30 PCL (1) File

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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 Fed. Fee

5. State Oil & Gas Lease No.
LC-029405(B)

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 In well temp. shut-in

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 FSL LINE AND 1830' FEET FROM
THE East LINE, SECTION 20 TOWNSHIP 17S RANGE 32E NMPM.

7. Unit Agreement Name
MCA

8. Farm or Lease Name
MCA Unit

9. Well No.
303

10. Field and Pool, or Wildcat
Malamar 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:		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 <u>Rpr surface waterflow</u> <input checked="" type="checkbox"/>	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 1705.

- ① MURV Service rig
- ② Rig up pump truck to braden head valve and attempt to pump 15 bbls fresh wtr between surface-production annulus
- ③ Run tracer survey
- ④ Braden head sqz the csg-csg annulus as follows: Lead-in w/2 bbls salt-saturated brine, pmp 2 bbls fresh wtr spacer, pmp 20 bbls Flo-Chek & tail-in w/160 sxs class "H" cmt w/3% CaCl₂
- ⑤ Return to 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 10-4-85

APPROVED BY Oil & Gas Inspector TITLE _____ DATE OCT 8 - 1985

RECEIVED
OCT - 7 1985
O.C.D.
HOBBS OFFICE