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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 Fee

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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Injection	7. Unit Agreement Name MCA Unit
2. Name of Operator Conoco Inc.	8. Farm or Lease Name MCA Unit
3. Address of Operator P.O. Box 460 - Hobbs, New Mexico 88240	9. Well No. 301
4. Location of Well UNIT LETTER <u>J</u> , <u>1980</u> FEET FROM THE <u>South</u> LINE AND <u>1780</u> FEET FROM THE <u>East</u> LINE, SECTION <u>28</u> TOWNSHIP <u>17-S</u> RANGE <u>32-E</u> NMPM.	10. Field and Pool, or Wildcat Maljamar G-SA
15. Elevation (Show whether DF, RT, GR, etc.)	12. County Lea

1c. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input checked="" 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"/>	

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) Cleanout wellbore to 4170'.
- 2) Cement squeeze holes from 3765' - 3767' w/100 sxs Class C w/2% CaCl₂ and 0.5% Halad 9. Tail w/200 sxs Class H Thixotropic w/2% CaCl₂.
- 3) Drill out retainer and cement.
- 4) Reperforate 3820' - 4151' w/200 perms.
- 5) Acidize 6th pay w/75 bbls 15% HCL-NE-FE. (3820' - 3909')
- 6) Return well to injection.

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

SIGNED D. F. Finney D. F. Finney TITLE Administrative Supervisor DATE 3/1/88

APPROVED BY ORIGINAL SIGNED BY JERRY SEXTON TITLE _____ DATE MAR 3 - 1988
DISTRICT SUPERVISOR

CONDITIONS OF APPROVAL, IF ANY: NMOC (3) File