

RECEIVED

OIL CONSERVATION DIVISION

1220 South St. Francis Dr.

Santa Fe, NM 87505

MAY 03 2010

HOBBS

WELL API NO. 7
30-025-35570

5. Indicate Type of Lease

STATE ☒ FEE ☒

6. State Oil & Gas Lease No.

B 2118

7. Lease Name or Unit Agreement Name

Leamex

8. Well Number # 58W

9. OGRID Number 217817

10. Pool name or Wildcat

Maljamar GB/SA

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. Type of Well: Oil Well ☐ Gas Well ☒ Other Injection

2. Name of Operator

ConocoPhillips Company

3. Address of Operator

P.O. Box 51810 Midland, Tx 79710

4. Well Location

Unit Letter O : 660 feet from the South line and 2130 feet from the East line
Section 24 Township 17S Range 33E NMPM Lea County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)

4104' GR

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐TEMPORARILY ABANDON ☐ CHANGE PLANS ☐PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐DOWNHOLE COMMINGLE ☐OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐COMMENCE DRILLING OPNS. ☐ P AND A ☐CASING/CEMENT JOB ☐

OTHER: Workover

☒

13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

Workover: 4/6-9/2010: MIRU. RIH w/slickline & gauge ring and found profile nipple @ 4265'. POOH. Tied onto tbg to pressure test. Shut tbg in and pressured casing. Casing held good. Release on-off tool. POOH scanning tbg. Had 2 holes in on-off tool. PU new on-off tool. TIH testing tbg. Latch onto pck and test tbg and casing. Both held. Release on-off tool. Ran MIT. Good test. RDMO. Chart attached.

Top Injection Perf @ 4344 Injection pkr set @ 4286

AMENDED

Spud Date:

Rig Release Date:

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

SIGNATURE

TITLE Sr. Regulatory Specialist

DATE 4/28/2010

Type or print name

Donna Williams

E-mail address: Donna.J.Williams@

Conocophillips.com

PHONE: 432-688-6943

For State Use Only

OC DISTRICT SUPERVISOR/GENERAL MANAGER

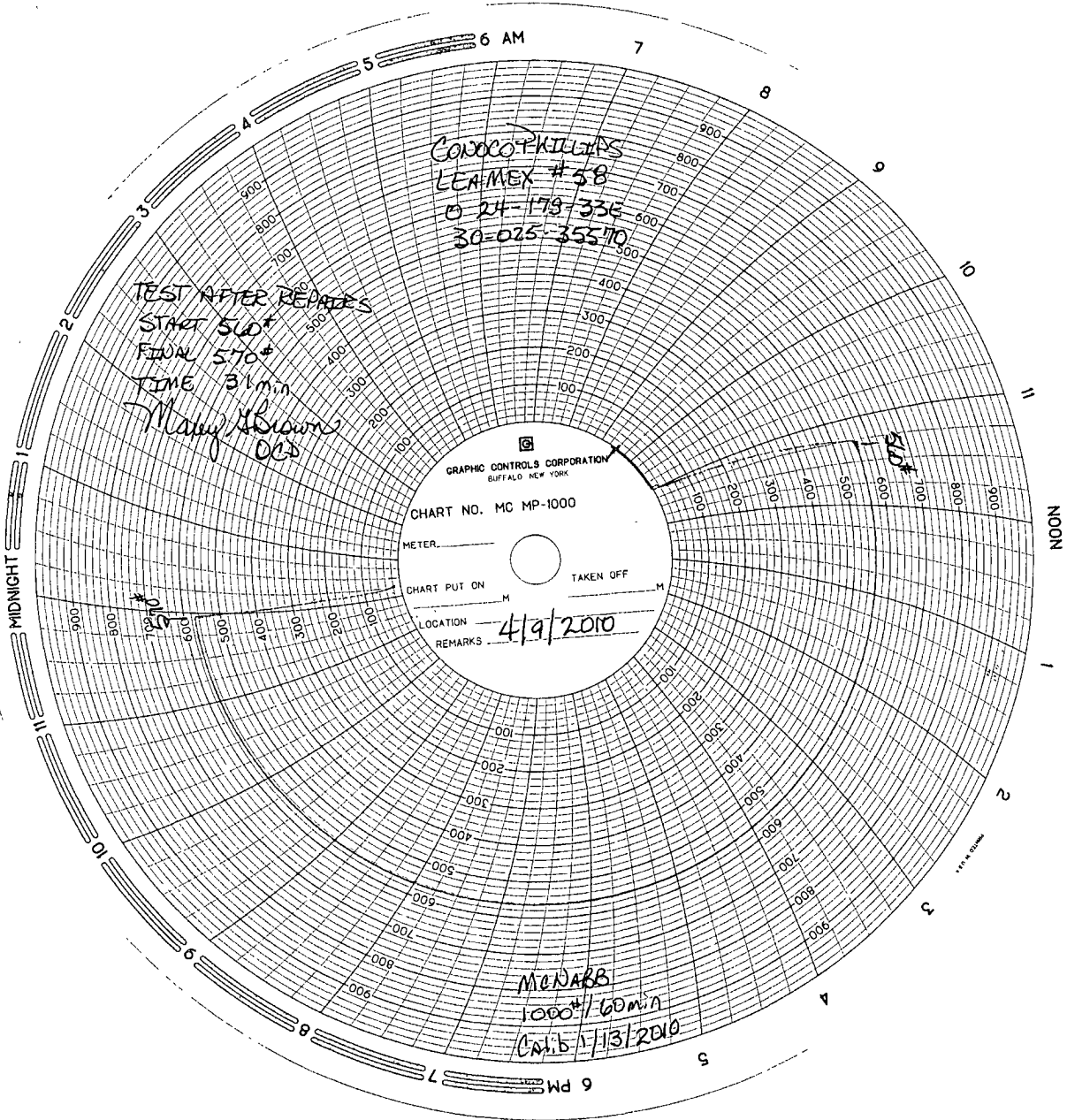
TITLE

DATE

MAY 04 2010

APPROVED BY:

Conditions of Approval (if any):



CONOCO PHILLIPS
LEA-MEX #58
O 24-179-336
30-025-35570

TEST AFTER REPAIRS
START 560*
FINAL 570*
TIME 31 min
Mary Brown
DCS

GRAPHIC CONTROLS CORPORATION
BUFFALO, NEW YORK
CHART NO. MC MP-1000
METER _____
CHART PUT ON _____ TAKEN OFF _____
LOCATION _____
REMARKS 4/9/2010

McNABB
1000*/60min
Calib 1/13/2010

1075