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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-85

5a. Indicate Type of Lease
State ☒ Federal Fee ☐
5. State Oil & Gas Lease No.
LC-054687

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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER: Injection well	7. Unit Agreement Name
2. Name of Operator CONOCO INC.	8. Farm or Lease Name Hudson Federal
3. Address of Operator P. O. Box 460, Hobbs, N.M. 88240	9. Well No. 1
4. Location of Well UNIT LETTER L , 1980 FEET FROM THE South LINE AND 660 FEET FROM THE West LINE, SECTION 15 TOWNSHIP 17S RANGE 32E N.M.P.M.	10. Field and Pool, or Wildcat Maljamar G/SA
15. Elevation (Show whether DF, RT, GR, etc.)	12. County Lea

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 OPER. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	
		OTHER bradenhead squeeze	

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 1703.

MIRU on 6/6/85. Flow coming out of surface pipe; found wellhead leak. Installed new wellhead. Set pkr @ 2012'. Test csg to 500#. Ran tracer survey from surface to 1150'. Obtained NMOC app'l. To bradenhead squeeze from R. A. Sadler who was on location to witness the squeeze. Pmpd. 250 sxs class "H" cmt w/3% CaCl₂. Displace thru wellhead. Rel pkr. Ran injection equipment.

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

SIGNED *Jerry Sexton* TITLE District Supervisor DATE 6/12/85

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT 1 SUPERVISOR

APPROVED BY _____ TITLE _____ DATE **JUN 18 1985**