Submit 3 Copies to Appropriate District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO. 30-025-00568

5. Indicate Type of Lease Federal STATE ☐ FEE ☐

6. State Oil & Gas Lease No.

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.)

7. Lease Name or Unit Agreement Name: MCA Unit Bty 1

1. Type of Well: OIL WELL ☐ GAS WELL ☐ OTHER Injection

2. Name of Operator: Conoco Inc

8. Well No. # 7

3. Address of Operator: P O Box 460 Hobbs, NM 88240

9. Pool name or Wildcat: Maljamar Yates

4. Well Location
Unit Letter F : 1650' Feet From The north Line and 2310 Feet From The west Line

Section 17 Township 17S Range 32E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4032'

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

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	☐	PLUG AND ABANDON	☐	REMEDIAL WORK	☐	ALTERING CASING	☐
TEMPORARILY ABANDON	☐	CHANGE PLANS	☐	COMMENCE DRILLING OPNS.	☐	PLUG AND ABANDONMENT	☑
PULL OR ALTER CASING	☐			CASING TEST AND CEMENT JOB	☐		
OTHER:	☐			OTHER:	☐		

12. 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.

11/29/89 Notify OCD prior to RU. Ran cmt retainer & squeeze bottom perfs. Pick up 5½ cmt. retainer, run in hole w 2⅜ tubing, set @ 3538'. Load hole with mud. Squeeze 75 sk cement. SI pressure at 2100 psi. Pull out & spot 25 sx cement on top. Perf 4 shots. Brake circ. to surface between 5½ & 8⅝ with 225 sks. Rig down P&A equip. Erect permanent abandonment marker.

Restore location

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

SIGNATURE W W Baker TITLE Administrative Supervisor DATE 1/24/90

TYPE OR PRINT NAME TELEPHONE NO.

(This space for State Use)

APPROVED BY FOR RECORD ONLY TITLE DATE FEB 02 1990

CONDITIONS OF APPROVAL, IF ANY: