

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. <i>30-025-00568</i>
5. Indicate Type of Lease <i>FEDERAL</i> STATE ☐ FEE ☐
6. State Oil & Gas Lease No. <i>LC-029405B</i>
7. Lease Name or Unit Agreement Name <i>MCA Unit</i>
8. Well No. <i>#7</i>
9. Pool name or Wildcat <i>Malpaso G-5A</i>

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 <i>Injection</i>
2. Name of Operator <i>Conoco Inc.</i>
3. Address of Operator <i>P.O. Box 460 - Hobbs, NM 88240</i>
4. Well Location Unit Letter <i>E</i> : <i>1650</i> Feet From The <i>North</i> Line and <i>1310</i> Feet From The <i>West</i> Line Section <i>17</i> Township <i>17S</i> Range <i>32E</i> NMPM <i>Sea</i> County <i>Lea</i>
10. Elevation (Show whether DF, RKB, RT, GR, etc.) <i>4032'</i>

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK ☐	REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐	ALTERING CASING ☐
PULL OR ALTER CASING ☐	COMMENCE DRILLING OPNS. ☐
OTHER: ☐	PLUG AND ABANDONMENT ☐
	CASING TEST AND CEMENT JOB ☐
	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.

1. Backflow well. ND Wellhead NU BOP.

2. Abandon perfs from 3607-3994'. Set ret. @ 3550'. Pump 75 sx 5 cmt. thru ret. String out + dump 25 sx. From 3340'-3550'. Circ. hole w/mud. Perf- 5 1/2" csg. @ 700' Cement annulus w/45 sx. cement thru perfs. Check for returns. Close annular valve. Pump 30 sx more cement down 5 1/2" string to form plug.

3. Cut csg. string 3' Below G.L. Erect P+A Marker.

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 Supr.* DATE *8/28/89*

TYPE OR PRINT NAME _____ TELEPHONE NO. _____

(This space for State Use)

Orig. Signed by
Paul Kautz
Geologist

APPROVED BY _____ TITLE _____ DATE **SEP 7 1989**

CONDITIONS OF APPROVAL, IF ANY:
THE COMMISSION MUST BE NOTIFIED 24 HOURS PRIOR TO THE BEGINNING OF PLUGGING OPERATIONS FOR THE C-103