

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. <u>30-025-00597</u>
5. Indicate Type of Lease <u>FED</u> STATE ☐ FEE ☐
6. State Oil & Gas Lease No. <u>LC-060329</u>
7. Lease Name or Unit Agreement Name <u>MCA Unit</u>
8. Well No. <u>#6</u>
9. Pool name or Wildcat <u>Maljamar GSA</u>

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 <u>Injection</u>	2. Name of Operator <u>Conoco Inc.</u>
3. Address of Operator <u>P.O. Box 460 - Hobbs, NM 88240</u>	4. Well Location Unit Letter <u>KH: 1980</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>West</u> Line Section <u>17</u> Township <u>17S</u> Range <u>32E</u> NMPM <u>Sea</u> County <u>Lea</u>
10. Elevation (Show whether DF, RKB, RT, GR, etc.) <u>4031' DF</u>	

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.

Backflow- well MIRA, NUBOP. Abandon open hole from 3605-3804. Set ret. @ 3550'. Pump 80 sx cmt thru ret. Sting out & dump 25 sx cmt on top of ret. from 3242'-3550'. Perf. prod. csg. @ 600'. Pump 200 sx cmt thru perfs. Circ. Close annular valve. Open 4 1/2"-7" annular surface valve. Cont. pumping until returns circ. to surface. Close 4 1/2"-7" valve and pump remaining 60 sx to fill inner surface plug. 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 Supv. DATE Aug. 28, 1989
TYPE OR PRINT NAME _____ TELEPHONE NO. _____

(This space for State Use)

Orig. Signed by
Paul Kautz
Geologist

SEP 7 1989

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF PERMIT
PERMISSION MUST BE NOTIFIED 24
HOURS PRIOR TO THE BEGINNING OF
PLUGGING OPERATIONS FOR THE C-103
TO BE APPROVED.

REIVED

SEP 6 1989

SEC
OFFICE