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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease	State <input type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.	LC-029509B

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. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- Injection	7. Unit Agreement Name MCA
2. Name of Operator Conoco Inc.	8. Farm or Lease Name MCA Unit Bty 3
3. Address of Operator P.O. Box 460 - Hobbs, New Mexico 88240	9. Well No. 74
4. Location of Well UNIT LETTER <u>J</u> 1980 FEET FROM THE <u>South</u> LINE AND 1980 FEET FROM THE <u>East</u> LINE, SECTION <u>22</u> TOWNSHIP <u>17-5</u> RANGE <u>32-E</u> NMPM.	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:

PERFORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐

OTHER "Puddle Pack" ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOB ☐
OTHER ☐

ALTERING CASING ☐
PLUG AND ABANDONMENT ☐

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.

- 1) Test 4 1/2" Casing to 2000 psi, repair if necessary.
- 2) Clean out open hole to TD.
- 3) Plug back OH ~~to~~ from 4110' to 4005' by spotting a 4.7 bbl gel pill.
- 4) Resin pack OH interval from 4000' - 3760'.
- 5) Drill out resin slurry.
- 6) Run and cement line bore receptacles, 22jts 2 7/8" fiberglass liner and sealbore extension with 120 sxs 50/50 Pozmix Class C w/0.75% Halad-4-Modified.
- 7) Prepare wellbore and log well from 4100' - 3200' w/CBL, GR log.
- 8) Perforate 3770' - 4078' w/183 perms.
- 9) Return to injection.

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

SIGNED D. F. Finney TITLE Administrative Supervisor

DATE 2/23/88

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT 1 SUPERVISOR

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

NMOC D (4)

File

FEB 29 1988

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FEB 26 1988

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