NO. OF COPIES RECEIVED		Form C-103
DISTRIBUTION		Supersedes Old
SANTA FE	NEW MEXICO OIL CONSERVATION COMMISSION	C-102 and C-103 Effective 1-1-65
FILE		Effective 1-1-65
U.S.G.S.		Sa. Indicate Type of Lease
LAND OFFICE		State Federal Fee
OPERATOR		5. State Oil & Gas Lease No.
		LC-029509(B)
SUNDR	Y NOTICES AND REPORTS ON WELLS posals to crill or to deepen or plug back to a different reservoir. ion for permit -" (form C-101) for such proposals.)	
		7. Unit Agreement Name
WELL WELL	OTHER. Injection	MCA
2. Name of Operator		8. Farm or Lease Name
Conoco Inc.		MCA Unit Bty 3
3, Address of Operator		9. Well No.
P.O. Box 460 - Hobbs	s, New Mexico 88240	72
4. Location of Well		10. Field and Pool, or Wildcat
UNIT LETTERL	1980' FEET FROM THE South LINE AND 660 FEET FRO	Maljamar (G-SA)
THE West LINE, SECTION	DN 22 TOWNSHIP 175 RANGE 32E NMPN	
	15. Elevation (Show whether DF, RT, GR. etc.)	12. County
Check	Appropriate Box To Indicate Nature of Notice, Report or O	ther Data
NOTICE OF IN	TENTION TO: SUBSEQUEN	IT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON REMEDIAL WORK COMMENCE DRILLING OPNS. CHANGE PLANS CASING TEST AND CEMENT JQB	ALTERING CASING
OTHER "Puddle Pack"		· · · · · · · · · · · · · · · · · · ·

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 1103.

RU. NU BOP. POOH w/injection equipment. Test 4 1/2" casing. Clean out open hole. Run OH caliper & injection profile survey. Prepare wellbore for resin slurry placement. Resin pack open hole interval from 4100'-3980'. If necessary squeeze csg shoe w/50 sxs Class "C" w/2% CaCl₂ & 10#/sx CalSeal followed w/75 sxs Class "C" s/2% CaCl₂. Drill out cement and resin pack. Run and cement fiberglass liner w/50/50 Pozmix Class C 2/0.45 gps D604 & 0.7% CaCl₂. Prepare wellbore and log well from 4094'-3200' w/CBL-GR-CLL log. Perforate from 3766'-4090' (194 perfs). Acidize 6th, 7th & 9th w/75 bbls 15% HCL-NE-FE mixed w/165 gals Checker-Sol micellar solvent (79 bbls total acid & solvent). Return to injection.

8. I hereby certify that the information above is true and complete to the best of my knowledge and belief,	
D. F. Finney _{ITLE} Administrative Supervisor	DATE 8/4/88
ORIGINAL SIGNED BY JERRY SEXTON	AUG 0 8 '88