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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 ☐ / Federal Fee ☐

5. State Oil & Gas Lease No.
LC-058395

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 ☐ GAS WELL ☐ 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.
84

4. Location of Well
UNIT LETTER P , 660 FEET FROM THE South LINE AND 660 FEET FROM THE East LINE, SECTION 22 TOWNSHIP 17S RANGE 32E NMPM.

10. Field and Pool, or Wildcat
Maljamar (G-SA)

15. Elevation *(Show whether DF, RT, GR, etc.)*
3988' DF

12. County
Lea

16. 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 Convert to Cased hole Completion w/ "Puddle Pack" ☑

SUBSEQUENT REPORT OF:

- REMEDIAL WORK ☐
- COMMENCE DRILLING OPNS. ☐
- CASING TEST AND CEMENT JOB ☐
- ALTERING CASING ☐
- PLUG AND ABANDONMENT ☐
- OTHER ☐

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.

1) Test 4½" casing to 2000 psi, repair if necessary.
2) Clean out OH to PBTD (4094').
3) "Puddle Pack" from 4094' to 3740'.
4) Squeeze casing shoe w/50 sxs Class "H" thixotropic w/2% $CaCl_2$ + 10 #/sx Cal-Seal followed w/75 sxs Class "C" w/2% $CaCl_2$.
5) Drill out cement & resin pack to 4090'. Underream from 3750' - 4090'.
6) Run & cement fiberglass liner w/ 50/50 Pozmix Class "C" w/0.45 gps D604 + 0.7% $CaCl_2$.
7) Log well from 4082' - 3[illegible]0' w/ GL, GR.
8) Perforate 3849' - 4064' w/ [illegible] perfs. Acidize 5th + 7th pays w/ 15% HCl-NE-FE mixed w/165 gals Checker-Sol micellar Solvent.
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 [signature] D.F. Finney TITLE Administrative Supervisor DATE [illegible]

APPROVED BY [signature] TITLE DATE AUG [illegible]

CONDITIONS OF APPROVAL, IF ANY: NMOCD (2) E[illegible]