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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-85

5a. Indicate Type of Lease
State Federal Fee

5. State Oil & Gas Lease No.
LC-058698(a)

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 - A" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- <u>Injection</u>	7. Unit Agreement Name MCA
2. Name of Operator Conoco Inc.	8. Farm or Lease Name MCA Unit <u>4</u>
3. Address of Operator P. O. Box 460, Hobbs, New Mexico 88240	9. Well No. 78
4. Location of Well UNIT LETTER <u>J</u> , <u>1980</u> FEET FROM THE <u>South</u> LINE AND <u>1980</u> FEET FROM THE <u>East</u> LINE, SECTION <u>23</u> TOWNSHIP <u>17S</u> RANGE <u>32E</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: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input checked="" type="checkbox"/>	OTHER <u>run liner; acidize</u> <input checked="" type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	

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.

MIRU. Fill OH section to 3920' w/325 sxs oyster shells. Spot 100 lbs cal-seal on top of shells. Run 400' of 4 1/2", 10.5# csg w/top @ 3515'. Cmt w/60 sxs Class "C" cmt. WOC 24 hrs. Pressure test liner top to 1200 psi surface pressure. DO cmt, cal-seal top & shells to TD of 4210'. Set pkr @ 3900'. Acidize G/SA 3930'-4210' w/85 bbls 15% HCL-NE-FE. Flush w/25 bbls 2% KCL TFW. Swab. Return to injection. Verbal approval granted by Eddie Seay on 3/5/85.

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

SIGNED Wm A. Butterfield TITLE Administrative Supervisor DATE 3/5/85

APPROVED BY ORIGINAL SIGNED BY JERRY SEXTON TITLE DISTRICT I SUPERVISOR DATE MAR - 7 1985

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MAR - 6 1985

O.C.D.
HOBBS OFFICE