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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.	

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 ☒ <u>Injection Well</u>	7. Unit Agreement Name <u>MCA Unit</u>
2. Name of Operator <u>Conoco Inc.</u>	8. Farm or Lease Name <u>MCA Unit Bty 4</u>
3. Address of Operator <u>P.O. Box 460 - Hobbs, New Mexico 88240</u>	9. Well No. <u>200</u>
4. Location of Well UNIT LETTER <u>P</u> <u>660</u> FEET FROM THE <u>South</u> LINE AND <u>660</u> FEET FROM THE <u>east</u> LINE, SECTION <u>25</u> TOWNSHIP <u>17S</u> RANGE <u>32E</u> NMPM.	10. Field and Pool, or Wildcat <u>Maljamar C-SA</u>
15. Elevation (Show whether DF, RT, CR, etc.)	12. County <u>Lea</u>

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☒
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐
PULL OR ALTER CASING ☐	OTHER ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐	ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOBS ☐	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) MURU. POOH w/ Abg & tension pkr.
- 2) Spot balance cement plug from 4317'-3730'. G1H w/open ended workstring. Spot 100 sx class "C" cement w/ 2% CaCl₂ from 4317'-3730'. Displace w/ 21.5 BW. POOH. Tag cement plug. Circ hole w/ 100 bbls 9.5 ppg mud. POOH.
- 3) Spot 35 sx class "C" w/ 2% CaCl₂ cement plug from 260' to surface.
- 4) Cut off csq at base of collar or 3' below ground level.
- 5) Fill csq from cement plug back to surface w/sand, cement or gravel.
- 6) Weld 1/4" steel plate over wellbore.
- 7) Install P&A marker.
- 8) Clean location.

For further information contact Barry Schneider at 397-5800

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

SIGNED DF FINNEY TITLE Administrative Supervisor DATE 9/19/88

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

NMOCN-Hobbs(3) File.

SEP 21 1988

SEP 11 1964
HOBBS OFFICE