

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO.	30-025-00697
5. Indicate Type of Lease	Fed. STATE ☐ FEE ☐
6. State Oil & Gas Lease No.	LC-030437A
7. Lease Name or Unit Agreement Name	MCA Unit Bty 4
8. Well No.	#141
9. Pool name or Wildcat	Maljamar G-5A
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	4001 DF

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. Type of Well: OIL WELL ☐ GAS WELL ☐ OTHER Injection	2. Name of Operator Ponoco Inc.
3. Address of Operator P.O. Box 460 - Hobbs, NM 88240	4. Well Location Unit Letter H : 1980 Feet From The North Line and 660 Feet From The East Line Section 26 Township 17S Range 32E NMPM Lea County

11. 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: Convert to Cased Hole ☒

SUBSEQUENT REPORT OF:

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

12. 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.

CO to 4276'. D.O. new hole to 4295'. Run 20 jts. 2 7/8" fiberglass liner in hole on 2 3/8" working. Pump (vol. to be determined based on new caliper) 50/50 Pozmix Class C cement w/ 45 gps D604 and .7% CaCl₂ @ 1-2 BPM. Reverse out above liner. WOC 24-36 hours. DO to 4295. Spot 3 bbls acid in fiberglass. Perf. 1 JSPF: 4282-44, 4212-4192, 4174-60, 4142-24, 4112-4092, 4078-72, 4057-52, 4043-4036. Acidize Grayburg 6th and San Andres 7th w/ 160 bbls 15% HCL-NE-FF. Return to injection.

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

SIGNATURE W.W. Baker W.W. Baker TITLE Administrative Supv. DATE Oct 2, 1989

TYPE OR PRINT NAME

TELEPHONE NO.

(This space for State Use)
ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

OCT 6 1989

RECEIVED

OCT 5 1989

OCD
HONORARY OFFICE