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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 <input type="checkbox"/>	Federal <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
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 <input type="checkbox"/> GAS WELL <input type="checkbox"/> 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 #3</u>
3. Address of Operator <u>P.O. Box 460 - Hobbs, New Mexico 88240</u>		9. Well No. <u>184</u>
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>27</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, GR, etc.)		12. County <u>Lea</u>

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐
OTHER ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐
OTHER ☐

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOB ☐
OTHER Convert to Cased Hole ☒

ALTERING CASING ☐
PLUG AND ABANDONMENT ☐

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.

Work started on 2/12/88. Clean out to 4180'. "Buddle-Pack" from 3840' - 3960'. Drill out resin slurry and clean out to TD. Run & cement lined bore receptacle, fiberglass, lined, sealbore & pkr hanger. TOL at 3375'. Cement w/ 410 sacks of 50/50 poz mix cement. Clean out lined. Run tracer survey. Squeezed w/ 50 sacks of 50/50 poz mix cement. Perforated from 3946' - 4120'. Returned well to injection.

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

SIGNED D. F. Finney

TITLE Administrative Supervisor

DATE May 17, 1988

ORIGINAL SIGNED BY JERRY SEXTON

APPROVED BY DISTRICT 1 SUPERVISOR

TITLE

MAY 26 1988

CONDITIONS OF APPROVAL, IF ANY: