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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 checked="" type="checkbox"/> Fed <input type="checkbox"/>
5. State Oil & Gas Lease No.	LC - 057210

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- Injection	7. Unit Agreement Name MCA
2. Name of Operator Conoco Inc.	8. Farm or Lease Name MCA Unit <i>Qty 3</i>
3. Address of Operator P.O. Box 460 - Hobbs, New Mexico 88240	9. Well No. 184
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>17-S</u> RANGE <u>32-E</u> NMPM.	10. Field and Pool, or Wildcat Maljamar G-SA
15. Elevation (Show whether DF, RT, CR. etc.)	12. County Lea

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 "Puddle Pack" ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOBS ☐
OTHER ☐

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.

- 1) Test 4 1/2" casing to 2000 psi, repair if necessary.
- 2) Clean out OH to TD.
- 3) Resin pack OH from 3840' - 3960'.
- 4) Drill out resin slurry to 3960'.
- 5) Run and cement liner bore receptacles, 26 jts. 2 7/8" fiberglass liner, and sealbore extension with 80 sx. 50/50 Pozmix Class C w/0.75% Halad-4-Modified.
- 6) Prepare wellbore and log well from 4170' - 3400' w/CBL-GR log.
- 7) Perforate 3870' - 4140' with 239 perts.
- 8) Return 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 2/23/88

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT SUPERVISOR

APPROVED BY _____ TITLE _____
CONDITIONS OF APPROVAL, IF ANY: NMOCB (4) File

DATE **FEB 29 1988**