Submit 3 Copies to Appropriate District Office

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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

Form C-103
Revised 1-1-89

WELL API NO. 30-025-00719

5. Indicate Type of Lease Fed STATE ☐ FEE ☐

6. State Oil & Gas Lease No. LC-057171

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.)

7. Lease Name or Unit Agreement Name: MCA Unit Sty 3

1. Type of Well: OIL WELL ☐ GAS WELL ☐ OTHER Injection

8. Well No. #147

2. Name of Operator: Conoco Inc.

9. Pool name or Wildcat: Maljamar G-SA

3. Address of Operator: P.O. Box 460 - Hobbs, NM 88240

4. Well Location
Unit Letter F : 1980 Feet From The North Line and 1980 Feet From The West Line
Section 27 Township 17S Range 32E NMPM Lea County

10. Elevation (*Show whether DF, RKB, RT, GR, etc.*)

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	☐	PLUG AND ABANDON	☐	REMEDIAL WORK	☐	ALTERING CASING	☐
TEMPORARILY ABANDON	☐	CHANGE PLANS	☐	COMMENCE DRILLING OPNS.	☐	PLUG AND ABANDONMENT	☐
PULL OR ALTER CASING	☐			CASING TEST AND CEMENT JOB	☐		
OTHER:	☐			OTHER: Puddle Pack	☒		

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.

9/19 C.O. to 4150'. Pump "Puddle Pack" - 5 bbl gelled pad, 62 Bbl sand slurry, 4 Bbl pad & flush w/18.5 bbl water. D.O. from 3862 - 4150'. C.O. fill. GIH w/19 jts 4" 10.46# FL-45 casing. Pump 250 SXS 50/50 pozmix Class "C" cmt. TOL @ 3337'. BOL @ 4149'. D.O. cement. Perf. 2 holes in 4" liner @ 3760'. Squeeze w/200 sx Class "H". Perf MGSA 6th + 7th w/2 JSPF @ 3856-3894, 3912-3966, 3912-3966, 3980-3992, 3998-4002, 4010-4030. Run inj. equip. Pressure test

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

SIGNATURE Maxine Simpson for W.W. Baker TITLE Administrative Supv. DATE Oct. 25, 1989

TYPE OR PRINT NAME TELEPHONE NO. 397-5800

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

OCT 30 1989

APPROVED BY TITLE DATE

CONDITIONS OF APPROVAL, IF ANY: