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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.
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 ☐ GAS WELL ☐ OTHER- Injection	7. Unit Agreement Name MCA
2. Name of Operator Conoco Inc.	8. Farm or Lease Name MCA UNIT Bt. 3
3. Address of Operator P.O. Box 460 - Hobbs, New Mexico 88240	9. Well No. 147
4. Location of Well UNIT LETTER F, 1980 FEET FROM THE NORTH LINE AND 1980 FEET FROM THE WEST LINE, SECTION 27, TOWNSHIP 17S, RANGE 32E, N.M.P.M.	10. Field and Pool, or Wildcat MALTAMAR (G-SA)
15. Elevation (Show whether DF, RT, GR, etc.)	12. County Lea

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 ☐	ENTERING CASING ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐	OTHER "PUDDLE PACK" ☒	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 1703.
CLEAN-OUT OPEN HOLE, RUN CALIPER LOG, AND TEST CASING. PUGH W/ INJECTION EQUIPMENT. RU. IF PUDDLE PACK REQUIRED, PREPARE WELL BORE FOR RESIN SLURRY REPLACEMENT. PICKLE TUBING W/ 23 BBLs 15% HCL-NE-FE. CIRCULATE OUT THE LONG WAY W/ 220 BBLs 8.4 LB/GAL KCL WATER W/ PH 6.8, AND TREATED W/ 2% CLAY FIX. RESIN PACK OPEN HOLE FROM 4100'-3900'. DRILL OUT RESIN SLURRY. RUN + CEMENT 4 1/2", 10.23 LB/FT LINER W/ FLUSH JOINT CONNECTIONS. CEMENT LINER W/ 180 SKS OF 50/50 POZ MIX CLASS "C" W/ 0.45 GPS D604, AND 0.7% CACL2. PREPARE WELLBORE FOR PERFORATING FROM PBTD TO 3200' W/ GR-CBL-CCL. PERFORATE FROM 3856' TO 4030' (123 PERFS). RETURN TO INJECTION

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

SIGNED [Signature] D.F. Finney TITLE Administrative Supervisor

DATE 9/13/88

APPROVED BY

Orig. Signed by
Paul Kautz
Geologist

DATE

SEP 15 1988

CONDITIONS OF APPROVAL, IF ANY:

W-100 (2) 1-1