

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.	30-025-00726
5. Indicate Type of Lease	STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. 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. Type of Well: OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER WI <input type="checkbox"/>	7. Lease Name or Unit Agreement Name MCA Unit
2. Name of Operator Conoco, Inc. (005073)	8. Well No. 119
3. Address of Operator 10 Desta Dr., Ste. 100W, Midland, Texas 79705 (915) 684-6381 686-5424	9. Pool name or Wildcat Maljamar Grayburg San Andres
4. Well Location Unit Letter D : 119 Feet From The North Line and 660 Feet From The West Line Section 27 Township 17-S Range 32-E 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:**

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐  
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐  
PULL OR ALTER CASING ☐  
OTHER ☐

**SUBSEQUENT REPORT OF:**

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

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.

9-25-95: Circulate hole w/75# 10# brine, pull tubing and packer, ran in hole with 4" scrapper and tubing to 3618'. POH. Set RBP @ 3618', packer @ 3586'.

9-26-95: Release RBP, POOH. RIH w/Otis Lockset, set packer @ 3710', rig up testers. Well tested to 500 psi, held fine for 30 minutes.

Chart Attached.

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

SIGNATURE Ann E. Ritchie TITLE Regulatory Agent DATE 10-24-95

TYPE OR PRINT NAME Ann E. Ritchie (915) TELEPHONE NO 684-6381

686-5424

(This space for State Use)

APPROVED BY JERRY SEXTON DISTRICT SUPERVISOR TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL IF ANY



