Submit 3 Copies to Appropriate District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

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. 30-025-07128

5. Indicate Type of Lease (Fed) STATE ☐ FEE ☐

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.)

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

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

2. Name of Operator: Conoco Inc.

8. Well No. #180

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

9. Pool name or Wildcat: Maljamar G-SA

4. Well Location
Unit Letter L : 1980 Feet From The South Line and 660 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: Fiddle Pack + Run Liner	☒		

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.

9-19-89 Clean out & jet wash to 4170'. "Fiddle Pack" open hole section as follows: Pump 5 Bbl gel, 50 Bbl sand slurry, 4 Bbl gel + 0.5 Bbl filtrol 2% KCl water. Drill out. Pump 200 sks Class "H" cmt w/2% Ga C-L to squeeze leaks. D.O. + Clean out. GIH w/2 7/8" fiberglass liner. BOL @ 4171, TOL @ 3498'. Cmt w/ 100 sxs 50/50 poz Class "C" cmt. Drill out. Perf. w/2 JSPF @ 3844 - 3850, 3862 - 85, 3888 - 93, 3897 - 3910 - 22, 3928 - 40, 3968 - 72, 3978 - 94, 4022 - 65 4075 - 80. Acidize w/175 Bbl 15% HCL-NE-FE acid. Run ~~Production~~ Injection equip.

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

SIGNATURE W A Bape TITLE Adm. Supervisor DATE 11-27-89

TYPE OR PRINT NAME W.A. Bape TELEPHONE NO. 397-5202

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

DEC 0 1 1989

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: