

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. <u>30-025-00733</u>
5. Indicate Type of Lease <u>FED</u> STATE ☐ FEE ☐
6. State Oil & Gas Lease No. <u>10-05721</u>
7. Lease Name or Unit Agreement Name <u>MCA Unit #114 Bty 2</u>
8. Well No. <u>#114</u>
9. Pool name or Wildcat <u>Maljama G-SA</u>
10. Elevation (Show whether DF, RKB, RT, GR, etc.)

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 ☐ GAS WELL ☐ OTHER <u>Injection</u>
2. Name of Operator <u>Conoco Inc.</u>
3. Address of Operator <u>P.O. Box 460 - Hobbs, NM</u>
4. Well Location Unit Letter <u>D</u> : <u>W</u> Feet From The <u>N</u> Line and <u>1600</u> Feet From The <u>W</u> Line Section <u>28</u> Township <u>19 S</u> Range <u>32 E</u> NMPM <u>Lea</u> County

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK ☐	REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐	ALTERING CASING ☐
PULL OR ALTER CASING ☐	COMMENCE DRILLING OPNS. ☐
OTHER: ☐	PLUG AND ABANDONMENT ☐
	CASING TEST AND CEMENT JOB ☐
	OTHER: <u>Cement Squeeze CO₂ Channel</u> ☒

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.

7-11-89 MIRU. Pull pks. Set RBP @ 3690' and pks. @ 3257'. Spot 12 Bbls acid. STON. Mix 50 s.v. cmt. @ 14.8#/gal. Pump to sit. Pump 50 s.v. 15.7#/gal cmt. 2 Bbl/min. @ 2200#. Followed by 15.5 Bbl flush. SF w/1600# on Agreeze. DO cmt. CO. Perf. 2 inot/ft. 4013-40, 3994-40, 3955-56, 3885-3930, 3851-82, 3842-46, 3835-37, 3818-22, 3810-12, 3805-66, 3797-3803, 3748-82. Circ. pks fluid. Test Hg to 2000# and 219. to 500# held.

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

SIGNATURE W. W. Baker TITLE Administrative Asst. DATE Aug 28, 1989

TYPE OR PRINT NAME _____ TELEPHONE NO. _____

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

SEP 11 1989