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LAND OFFICE	
OPERATOR	

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 ☒ 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 Unit
2. Name of Operator Conoco Inc.	8. Farm or Lease Name MCA Unit
3. Address of Operator P.O. Box 460 - Hobbs, New Mexico 88240	9. Well No. 114
4. Location of Well UNIT LETTER <u>D</u> <u>660</u> FEET FROM THE <u>North</u> LINE AND <u>660</u> FEET FROM THE <u>West</u> LINE, SECTION <u>28</u> TOWNSHIP <u>17-S</u> RANGE <u>32-E</u> NMPM.	10. Field and Pool, or Wildcat Maljamar 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:

PERFORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOBS ☐
OTHER ☐

ALTERING CASING ☐
PLUG AND ABANDONMENT ☐

OTHER Convert from OH Prod. to Cased Hole Inj. ☒

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 1103.

- 1) Clean out OH TD.
- 2) "Puddle Pack" if necessary -- (a) Resin pack OH from 4070' - 4018' and from 3920' - 3860' and from 3785' - 3720'. (b) Drill out to TD and underream from 3650' - 4000'.
- 3) Run and cement 750' of 4", 9.5 lb/ft liner w/125 sxs 50/50 Pozmix Class C w/0.75% Halad-4-modified.
- 4) Tie-back and cement $\pm$ 3300' of 4" casing w/200 sxs 50/50 Pozmix Class C w/0.75% Halad-4-modified.
- 5) Log well from PBTD to liner top w/GR-CBL-CCL.
- 6) Perforate 3714' - 4040' w/369 perfs.
- 7) Acidize w/145 bbls 15% HCL-NE-FE.
- 8) Place well on injection.

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

SIGNED D. F. Finney TITLE Administrative Supervisor

DATE 3/1/88

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY:

UMOCD (3) File

subject to approval of District I Supervisor

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MAR 2 - 1988

OCD
HOBBS OFFICE