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LAND OFFICE	
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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 ☒ Fee ☐

5. State Oil & Gas Lease No.
LC-057210

SUNDY 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 MCAlunit 3
2. Name of Operator Conoco Inc.	8. Form or Lease Name MCA Unit
3. Address of Operator P.O. Box 460 - Hobbs, New Mexico 88240	9. Well No. 150
4. Location of Well UNIT LETTER H 1980 FEET FROM THE North LINE AND 660 FEET FROM THE East LINE, SECTION 28 TOWNSHIP 17-S RANGE 32-E 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:

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 ☐	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.

- 1) Test 4 1/2" casing to 2000 psi, repair if necessary.
- 2) Clean out OH to TD.
- 3) Resin pack OH interval from 4000' - 4150'. Drill out to 4150'.
- 4) Run and cement liner bore receptacles, 25 jts. 2 7/8" fiberglass liner and sealbore extension w/ 80 sxs 50/50 Pozmix Class C w/ 0.75% Halad-4-Modified.
- 5) Log well from 4150' - 3400' w/ CBL-GR log.
- 6) Perforate 3800' - 4105' w/ 222 perms.
- 7) Return well to 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 SUPERVISOR

APPROVED BY _____ TITLE _____

CONDITIONS OF APPROVAL, IF ANY:

NMOCB(3) File

DATE 3/1/88