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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 ☐ Fed ☒ 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 - II" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL ☐ GAS WELL ☐ OTHER- Injection	7. Unit Agreement Name
2. Name of Operator	MCA
3. Address of Operator	8. Farm or Lease Name
P.O. Box 460 - Hobbs, New Mexico 88240	MCA Unit Bty 3
4. Location of Well	9. Well No.
UNIT LETTER <u>P</u> <u>660</u> FEET FROM THE <u>SOUTH</u> LINE AND <u>660</u> FEET FROM	10. Field and Pool, or Wildcat
THE <u>East</u> LINE, SECTION <u>28</u> TOWNSHIP <u>17-S</u> RANGE <u>32-E</u> NMPM.	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 <u>"Puddle Pack"</u> ☒	CASING TEST AND CEMENT JOB ☐	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 from 4124' - 3850'. Drill out excess.
- 4) Squeeze 4 1/2" casing w/ 75 sxs 50/50 Pozmix Class C w/ 0.75% Halad-4-Modified.
- 5) Drill out resin and cement to 4200' (TD). Underream from 4005' - 4020'.
- 6) Run and cement liner bore receptacles, 28 jts 2 7/8" fiberglass liner, and sealbore extension w/ 100 sxs 50/50 Pozmix Class C w/ 0.75% Halad-4-Modified.
- 7) Log well from PBTD to liner top w/ CBL-GR log.
- 8) Perforate from 3905' thru upper 9th SA zone. Acidize w/ 3000 gals 15% HCL-NE-FE.
- 9) Return 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 2/24/88

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY MMACD (4) TITLE E.I. DATE FEB 29 1988

CONDITIONS OF APPROVAL, IF ANY: