NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
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 ☐ Federal Fee ☐

5. 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.)

1. OIL WELL ☐ GAS WELL ☐ OTHER- Injection Well

7. Unit Agreement Name: MCA Unit

2. Name of Operator: Conoco Inc.

8. Farm or Lease Name: MCA Unit Sty 2

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

9. Well No.: 154

4. Location of Well: UNIT LETTER H, 1980 FEET FROM THE south LINE AND 660 FEET FROM THE East LINE, SECTION 29 TOWNSHIP 17S RANGE 32E NMPM.

10. Field and Pool, or Wildcat: Maljamar G-SA

15. Elevation (*Show whether DF, RT, GR, etc.*)

12. County: Lea

16.

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 ☐		COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐	CHANGE PLANS ☐	CASING TEST AND CEMENT JOB ☐	
OTHER Acidize - CO_2 Stage 1 ☐		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 1103.

1) POOH w/ injection equipment
2) GIH w/ latch stinger & seal assembly
3) Acidize using 69 bbls 15% HCl-FE & 169 gals Checker Sol. Pump 11 bbls acid-solvent mix. Latch into pkr & pump 14 bbls mix. Divert w/ 100# rocksalt mixed in 100 gals gelled 10# brine. Pump 15 bbls acid mix & divert w/ 200# salt mixed in 3 bbls gelled brine. Pump 15 bbls acid mix & divert w/ 250# salt mixed in 3.5 bbls gelled brine. Pump 18 bbls acid mix & flush w/ 45 bbls filtered injection water. SI for 2 hrs. Flow back load.
4) POOH. Run injection equipment
5) Return to injection. For further information contact Pete Bowen at 397-5894

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

SIGNED D Darlene Simpson for TITLE Administrative Supervisor DATE November 21, 1988

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE NOV 28 1988

CONDITIONS OF APPROVAL, IF ANY: