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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 <input type="checkbox"/>	Fed. <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.	
LC-029410 (A)	

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator	MCA
3. Address of Operator	8. Farm or Lease Name
P. O. Box 460, Hobbs, N.M. 88240	MCA Unit #2
4. Location of Well	9. Well No.
UNIT LETTER <u>M</u> , <u>660</u> FEET FROM THE <u>South</u> LINE AND <u>660</u> FEET FROM	214
THE <u>West</u> LINE, SECTION <u>29</u> TOWNSHIP <u>17S</u> RANGE <u>32E</u> NMPM.	10. Field and Pool, or Wildcat
	Maljamar 6/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:

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

PLUG AND ABANDON ☐  
CHANGE PLANS ☐

OTHER Shut off surf. wtrflw ☒

SUBSEQUENT REPORT OF:

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

ALTERING CASING ☐  
PLUG AND ABANDONMENT ☐

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 MIRU
- ② Rig up pmp truck to bradenhead valve
- ③ Run tracer survey
- ④ Braden head sqz the csq-csq annulus as follows:
  - a. Lead-in w/ 2bbls salt saturated brine
  - b. pmp 2bbls fresh wtr cushion
  - c. pmp 20 bbls Flo-Chek
  - d. tail-in w/ 100 SXS class "H" cmt
  - e. Displace cmt thru wellhead w/ fresh wtr
- ⑤ Shut-in braden head valve & install a pop-off valve set @ 800 psi
- ⑥ Return MCA #214 to prod.

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

SIGNED Kevin L. Sexton TITLE Administrative Supervisor

DATE 11-15-85

ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT 1 SUPERVISOR

APPROVED BY \_\_\_\_\_

TITLE \_\_\_\_\_

DATE NOV 22 1985  
NMOCN-Hobbs(3) File