NO. OF COPIES RECEIVED		Form C-103
DISTRIBUTION		Supersedes Old C-102 and C-103
SANTA FE	NEW MEXICO OIL CONSERVATION COMMISSION	Effective 1-1-65
FILE		Sa. Indicate Type of Lease
U.S.G.3.		State Fed Fee
LAND OFFICE	_	5. State Oil & Gas Lease No.
OPERATOR	_ <u>_</u>	LC-029410(A)
SUNE	DRY NOTICES AND REPORTS ON WELLS PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. AUTON FOR PERMIT - " (FORM G-101) FOR SUCA PROPOSALS.)	
1.	·	7. Unit Agreement Name
OIL GAS OTHER. INJECTION		MCA
2. Name of Operator		MCA Unit Sty 2
Conoco Inc.		9. Well No.
P.O. Box 460 - Hobbs, New Mexico 88240		157
4 Location of Well		10. Field and Pool, or Wildcat
F	1980 FEET FROM THE N LINE AND 1980 FEET	Maljamar G-SA
UNIT LETTER	<del>-</del> '	
THE N LINE, BE	CTION 29 TOWNSHIP 17-5 RANGE 32-E N	MPM. [[[]]]]]]]]]]]]]]
	15. Elevation (Show whether DF, RT, GR. etc.)	12. County
	15. Elevation (Show whether DI; NI; Old Story	Lea Milli
	D. T. I. lines Nature of Variage Report of	Other Data
	k Appropriate Box To Indicate Nature of Notice, Report of Subsequences	JENT REPORT OF:
	PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING
PERFORM REMEDIAL WORK	COMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING	CHANGE PLANS CASING TEST AND CEMENT JOB	]
	0~HER	
OTHER Puddle P		
17. Describe Froposed or Complete work) SEE RULE 1503.	d Operations (Clearly state all pertinent details, and give pertinent dates, incl	uding estimated date of starting any proposed
) or - 4 (1)	ellbore to 4031'.	
1) Clean out	fellbore to 4031.  from 3500' to surface to 2000 psc.  7th get pay (3830'-4031')	50/50 Class
2) Test 4112 C55	7th, 9th Day (3830'-4031)	JII8 3X2
	e lower ! I !	
"C" Pozmix	uo Bentonite.	
4) Resin pack 3	e channel above Grayburg 6th w/505.	- 50/ca Class "C"
)	a channel above Grayburg 6th W/50 S.	x8 20/50
5) cement squeez	i diaminati assisting the second seco	
Pozmix wo Be	ntonite.	tion to 4070'.
	t rock cement and new to	
1 D 1 4 056 - 3	5750'. 268 total Shots.	
7) 1814 7000		
8) Return to in	yection.	
· · · · · · · · · · · · · · · · · · ·		
18. I hereby sertify that the inform	nation above is true and complete to the best of my knowledge and belief.	
10. I hereby territy that the finest		. 1
1 to the second	D.F.Finney TITLE Administrative Supervi	sor DATE 4/20/88
SIGNED	igned by	
Daul	kautz	APR SI BIS
	TITLE	DATE
CONDITIONS OF APPROVAL, IF	ANY: NMOCD (3) File	