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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 ☐ Fed Fee ☐

5. State Oil & Gas Lease No.: LC-29410 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 ☐ GAS WELL ☐ OTHER- Injection

7. Unit Agreement Name: MCA

2. Name of Operator: Conoco Inc.

8. Farm or Lease Name: MCA Unit Bty 2

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

9. Well No.: 171

4. Location of Well: UNIT LETTER J, 1980 FEET FROM THE South LINE AND 1980 FEET FROM THE East LINE, SECTION 29 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

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 "Puddle Pack" ☒		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) Test 4 1/2" Casing to 2000 psi, repair if necessary.
2) Clean out OH to TD.
3) Plug back OH to 3960' w/ ± 40 sxs Class H w/2% $CaCl_2$.
4) Resin pack OH interval from 3810'- 3955'. Drill out resin slurry to 3750'.
5) Squeeze 4 1/2" casing w/75 sxs. 50/50 Poz Class C w/0.75% Halad-4-Modified.
6) Drill out to 4130'. Underream from 3784' - 3810'.
7) Run and cement liner bore receptacles, 21 jts 2 7/8" fiberglass liner, and sealbore extension w/ 70 sxs 50/50 Pozmix Class C w/0.75% Halad-4-Modified.
8) Log well from 4120' - 3200' w/CBL - GR log.
9) Perforate 3823' - 4072' w/135 perfs. Acidize 3982' - 4072' w/750 gals 15% HCL-NE-FE.
10) 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 _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: NMOCD (4) File