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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 <input type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. LC-059001

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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER: water injection	7. Unit Agreement Name MCA Unit #3
2. Name of Operator CONOCO INC.	8. Farm or Lease Name MCA
3. Address of Operator P. O. Box 460, Hobbs, N.M. 88240	9. Well No. 220
4. Location of Well UNIT LETTER D, 660 FEET FROM THE North LINE AND 1660' FEET FROM THE West LINE, SECTION 33 TOWNSHIP 17S RANGE 32E N.M.P.M.	10. Field and Pool, or Wildcat Maljamar 6/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:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER: Repair surface waterflow <input checked="" type="checkbox"/>

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER <input type="checkbox"/>

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.

MIRU. Run bradenhead tracer. Bradenhead sqz the surface csg - intermediate csg annulus. Lead-in w/ 2bbls salt saturated brine. Pump a 2bbl fresh water cushion. Pump 20 bbls Flow-check. Tail-in w/ 100 sxs class "H" cement plus w/ 3% CaCl₂. Displace cement through wellhead w/ fresh water. Return MCA #220 to injection.

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

SIGNED <u>Eddie W. Sady</u>	TITLE <u>Administrative Supervisor</u>	DATE <u>9-9-85</u>
APPROVED BY <u>Oil & Gas Inspector</u>	TITLE	DATE <u>SEP 12 1985</u>

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SEP 11 1985

O.C.D.
HOBBS OFFICE

10/1/85