BUREAU OF L	OF THE INTERIOR AND MANAGEMENT  AND REPORTS ON WELLS  en or reentry to a different reservoir.  uch proposals	H. M. BIL SOIS. SCHMISSION P. O. BOX 1980 HOBISM APPLANTICO 8824 Budget Bureau No. 1004-0135 Expires: March 31, 1993 5. Lease Designation and Serial No. LC 029405B 6. If Indian, Allottee or Tribe Name  7. If Unit or CA, Agreement Designation  8. Well Name and No. M C A UNIT WELL # 101 9. API Well No.	40 - - -
10 DESTA DR. STE 100W, MIDLAND, TX. 79705 (915) 686-5400 4. Location of Well (Footage, Sec., T., R., M., or Survey Description)		30-045-08043 10. Field and Pool, or Exploratory Area	
SURFAC 660' FSL & 1980' FEL, SEC. 19, T 17S , F		Maljamar Graybury SA 11. County or Parish, State  LEA, NM	<b>-</b>
12. CHECK APPROPRIATE BOX(s) TO INDIC	ATE NATURE OF NOTICE, REPORT, OR	OTHER DATA	_
TYPE OF SUBMISSION	TYPE OF ACTION		
X Subsequent Report Final Abandonment Notice	X Abandonment Recompletion Plugging Back Casing Repair Altering Casing Other	Change of Plans  New Construction  Non-Routine Fracturing  Water Shut-Off  Conversion to Injection  Dispose Water  (Note: Report results of multiple completion on Well	
13. Describe Proposed or Completed Operations (Clearly state all pertine directionally drilled, give subsurface locations and measured and to 9-21-95 MIRU. GIH W/ BIT & SCRAPER TO PUMP 10 SX CMT UNDER RETAINER & SPOT 50 SPOT 20 SX CMT FROM 860' TO 740'. PEOUT CMT DOWN TO 200'. PERF @ WELLHEAD AND INSTALL P&A MAR	true vertical depths for all markers and zones pertinent to this wor O 3430', POOH. GIH W/ CMT RETAINER SX ON TOP FROM 3430' TO 3130'. GIH PER @ 8 :RF @ 600', PUMP 80 SX @ 500#, 40 SX I 200', CIRC CMT DOWN 7" TO 200', UP 8 5	TO 3430', CIRC MUD & TEST CSG. 810', COULD NOT PUMP INTO PERFS, INSIDE & 40 SX OUTSIDE. DRILL	•
BUREAU COLLAND MG SAN HOEBS, NA HOEB	HOBBS INSPECTION OFFICE ACCEPTED FOR RECORD DATE 3-1/- 94 SIGNATURE	18 22 H 35 H 36	277 (17) (17) (17) (17)
14. I hereby certify that the foregoing is true and correct	Cit C Variable		=
Signed Sign. Spally Title	Bill R. Keathly SR. REGULATORY SPECILIST	Date 2-21-96	_
(This space for Federal or State office use)  Approved by Conditions of approval, if any:		Date	_

statements or representations as to any matter within its jurisdiction.