

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
HOBBS, N.M. 88240

SUBMIT IN PRELIMINARY 2  
(Other instructions on re-  
verse side)

DATE AUGUST 21, 1986

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—" for such proposals.)

1. OIL WELL ☐ GAS WELL ☐ OTHER ☒ Injection Well temp. shut-in

2. NAME OF OPERATOR  
CONOCO INC.

3. ADDRESS OF OPERATOR  
P. O. Box 460, Hobbs, N.M. 88240

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*  
See also space 17 below.)  
At surface Unit J

14. PERMIT NO.  
1980' FSL & 1830' FEL  
30-025-08053

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

5. LEASE DESIGNATION AND SERIAL NO.  
LC-029405(b)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME  
MCA

8. FARM OR LEASE NAME  
MCA Unit Bty 1

9. WELL NO.  
303

10. FIELD AND POOL, OR WILDCAT  
Maljamar G/SA

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Sec. 20-175-32E

12. COUNTY OR PARISH  
Lea

13. STATE  
NM

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

| NOTICE OF INTENTION TO: |                          | SUBSEQUENT REPORT OF:                                                                                 |                                     |
|-------------------------|--------------------------|-------------------------------------------------------------------------------------------------------|-------------------------------------|
| TEST WATER SHUT-OFF     | <input type="checkbox"/> | WATER SHUT-OFF                                                                                        | <input type="checkbox"/>            |
| FRACTURE TREAT          | <input type="checkbox"/> | FRACTURE TREATMENT                                                                                    | <input type="checkbox"/>            |
| SHOOT OR ACIDIZE        | <input type="checkbox"/> | SHOOTING OR ACIDIZING                                                                                 | <input type="checkbox"/>            |
| REPAIR WELL             | <input type="checkbox"/> | (Other) repair surf. w/rtflow                                                                         | <input checked="" type="checkbox"/> |
| (Other)                 | <input type="checkbox"/> | (Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) |                                     |

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)\*

- ① MURV on 4-2-86; POOH w/ Hg
- ② GIH and perf 2 holes @ 446'. Set RBP @ 2065' & pkr @ 504'. Tested RBP to 1000 psi. Reset pkr @ 373' and tested backside to 500 psi. Pumped to bbls H<sub>2</sub>O
- ③ Squeezed perfs @ 446' w/ 50 sxs class "H" w/ 3% CaCl<sub>2</sub>. Rel pkr @ 373' and reset @ 251'; put 1800 psi on sqz. TOC @ 381'
- ④ Bled off pressure. Drilled out cmt from 381'-446'. Press. test sqz. to 500 psi and held OK.
- ⑤ Tag fill @ 2050' and cleaned out to 2065'. Rel RBP & POOH. Set inj. pkr @ 3614' and circ. 275 bbls Conoco pkr fluid. Test annulus to 500 psi for 15 min. and held OK.
- ⑥ Rig down on 4-15-86

ACCEPTED FOR RECORD

MAY 5 1986

18. I hereby certify that the foregoing is true and correct

CARLSBAD, NEW MEXICO

SIGNED

TITLE Administrative Supervisor

DATE 4-28-86

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

BLM-Carlsbad (6) ARCO (2) Cities (1) PLC (1) File

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| U.S.G.S.               |  |  |
| LAND OFFICE            |  |  |
| OPERATOR               |  |  |

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103  
Supersedes Old  
C-102 and C-103  
Effective 1-1-85

|                                                                                                                                    |
|------------------------------------------------------------------------------------------------------------------------------------|
| 5a. Indicate Type of Lease<br>State <input type="checkbox"/> Fed. <input checked="" type="checkbox"/> Fee <input type="checkbox"/> |
| 5. State Oil & Gas Lease No.<br><u>LC-029405(b)</u>                                                                                |

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 <u>Inj. well temp. shut-in</u>                                                                                                | 7. Unit Agreement Name<br><u>MCA</u>                   |
| 2. Name of Operator<br><u>CONOCO INC.</u>                                                                                                                                                                  | 8. Farm or Lease Name<br><u>MCA Unit Bt.</u>           |
| 3. Address of Operator<br><u>P. O. Box 460, Hobbs, N.M. 88240</u>                                                                                                                                          | 9. Well No.<br><u>303</u>                              |
| 4. Location of Well<br>UNIT LETTER <u>J</u> <u>1980</u> FEET FROM THE <u>South</u> LINE AND <u>1830</u> FEET FROM<br>THE <u>East</u> LINE, SECTION <u>20</u> TOWNSHIP <u>17S</u> RANGE <u>32E</u> N.M.P.M. | 10. Field and Pool, or Wildcat<br><u>Maljamar G/SA</u> |
| 15. Elevation (Show whether DF, RT, GR, etc.)                                                                                                                                                              | 12. County<br><u>Lea</u>                               |

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data  
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

|                                                |                                           |                                                      |                                                                         |
|------------------------------------------------|-------------------------------------------|------------------------------------------------------|-------------------------------------------------------------------------|
| PERFORM REMEDIAL WORK <input type="checkbox"/> | PLUG AND ABANDON <input type="checkbox"/> | REMEDIAL WORK <input type="checkbox"/>               | ALTERING CASING <input type="checkbox"/>                                |
| TEMPORARILY ABANDON <input type="checkbox"/>   | CHANGE PLANS <input type="checkbox"/>     | COMMENCE DRILLING OPNS. <input type="checkbox"/>     | PLUG AND ABANDONMENT <input type="checkbox"/>                           |
| PULL OR ALTER CASING <input type="checkbox"/>  | OTHER <input type="checkbox"/>            | CASING TEST AND CEMENT JOBS <input type="checkbox"/> | OTHER <u>repair surface wtrflow</u> <input checked="" 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.

- ① MIRD on 4-2-86; POOH w/tbg
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- ⑥ Rig down on 4-15-86.

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

SIGNED Eddie W. Seay TITLE Administrative Supervisor DATE 4-28-86

APPROVED BY Oil & Gas Inspector TITLE \_\_\_\_\_ DATE MAY 1 - 1986

CONDITIONS OF APPROVAL, IF ANY:

NMOC-D-Hobbs(3) File

RECEIVED  
APR 30 1986  
O.C.C.  
HOBBS OFFICE