4C. OF COPIES RECEIVED			Form C-103
DISTRIBUTION			Supersedes Old C-102 and C-103
SANTA FE	NEW MEXICO OIL CONS	ERVATION COMMISSION	Effective 1-1-65
FILE	_		
U.S.G.S.	_	•	5a. Indicate Type of Lease
LAND OFFICE	4	•	State J. Fee.
OPERATOR	_]		5. State Oil & Gas Lease No.  10-029405A
			111111111111111111111111111111111111111
(DO NOT USE THIS FORM FOR I	DRY NOTICES AND REPORTS ON PROPOSALS TO DRILL OR TO DEEPEN OF PLUG BATION FOR PERMIT - " (FORM C-101) FOR SUC	WELLS ACK TO A DIFFERENT RESERVOIR. H PROPOSALS.)	
OIL GAS WELL	OTHER. Miertion	Well- Water	7. Unit Agreement Name  MCA Unit
2. Name of Operator			8. Form or Lease Name
3. Address of Operator	mc.	···	9. Well No.
P.O. Bof 4	60, Hobbs, y.	m. 88240	10. Fleid and Pool, or Wildcat
1	660 PEET PROM THE North	LINE AND 1980 PEET PR	Malamar GSA
THE BOST LINE, SEC	TION 20 TOWNSHIP 17	5' RANGE 32E NMP	
	15. Elevation (Show whether	DF, RT, GR, etc.)	12. County
Check	Appropriate Box To Indicate N	Sature of Norice Report of C	Ither Dara
	INTENTION TO:		NT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON	_	COMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT
PLIL OR ALTER CABING	- CHANGE PLANS	CASING TEST AND CEMENT JOB	
	<u></u>	OTHER Rotice of She	it In States 🛛
OTHER		Injection.	WILL
1º Descripe Proposed of Completed	Operations (Clearly state all pertinent det	ails, and give pertinent dates, includi	ng estimated date of starting any proposed
work) SEE RULE 1103.			
This is to	inform you ?	that the re	ference
well wa	a shut in	6-1-88 hec	was of
	,	$\alpha$ $\ell$	0
$\Lambda$ $\gamma$ $\lambda$	er de Casin	a leak,	
a jeach	L or C.	)	
ý			
			•
1:. I hereby certify that the informat.	ion above is true and complete to the best	of my knowledge and belief.	
SIENED SIENED	BRYAN God KiN TITLE ad	ministrative Duperve	1-22-88
ORIGINAL SIGNE	FOR SERVICEN		DATE

CONDITIONS OF APPROVAL, IF ANY:

IRANSPORTER GAS  OPERATOR  PRORATION OFFICE  Conoco Inc.  Address  P.O. Box 460, Hobbs  Reasonts) for tiling (Check proper box)  New Well Change in Concession Cast  If change of ownership give name and address of previous owner  I. DESCRIPTION OF WELL AND LEASE	REQUE  JTHORIZATION TO T  s, New Mexico 88  Inde in Transporter of:  Dry	ST FOR ALLOWABLE AND TRANSPORT OIL AND Note of the Continent of the Contin	explain) of corporate of all Compared to the components of the com	Form C-104 Supersedes Old C-104 and Effective 1-1-65  name from pany effective
DISTRIBUTION  SANTA FE  FILE  U.S.G.S.  LAND OFFICE  TRANSPORTER GAS  OPERATOR  PROBATION OFFICE  Conoco Inc.  Address  P.O. Box 460, Hobbs  Reasonts) for tiling (Check proper box)  New Well Ghard Conoco Chart  Change in Ownership Give name and address of previous owner  I. DESCRIPTION OF WELL AND LEASE  Lease Name  MCA Unit Additional Conoco Chart  MCA Unit Additional Conoco Chart  Additional Chart  Additional Conoco Chart  Additional Chart  Conoco Inc.  Address  P.O. Box 460, Hobbs  Chart  Ch	REQUE  JTHORIZATION TO T  s, New Mexico 88  Inde in Transporter of:  Dry	ST FOR ALLOWABLE AND FRANSPORT OIL AND N  8240  Other (Please Change Contine)	explain) of corporate of all Compared to the c	Supersedes Old C-104 and Effective 1-1-65
SANTA FE  FILE  U.S.G.S.  LAND OFFICE  IRANSPORTER OIL  IRANSPORTER GAS  OPERATOR  PRORATION OFFICE  Conoco Inc.  Address  P.O. Box 460, Hobbs  Reason(s) for tiling (Check proper box)  New Well  Recompletion  Change in Ownership  If change of ownership give name and address of previous owner  DESCRIPTION OF WELL AND LEASE  Lease Name  MCA Unit  Address  ALL  ALL  ALL  ALL  ALL  ALL  ALL	REQUE  JTHORIZATION TO T  s, New Mexico 88  Inde in Transporter of:  Dry	ST FOR ALLOWABLE AND FRANSPORT OIL AND N  8240  Other (Please Change Contine)	explain) of corporate of all Compared to the c	Supersedes Old C-104 and Effective 1-1-65
FILE  U.S.G.S.  LAND OFFICE  TRANSPORTER OIL  GAS  OPERATOR  PROBATION OFFICE  Conoco Inc.  Address  P.O. Box 460, Hobbs  Reason(s) for tiling (Check proper box)  New Well  Recompletion  Change in Ownership  If change of ownership give name and address of previous owner  DESCRIPTION OF WELL AND LEASE  Lease Name  MCA Unit  ALL  ALL  ALL  ALL  ALL  ALL  ALL  A	S, New Mexico 88	AND FRANSPORT OIL AND N  8240  Change Contine	explain) of corporate ntal Oil Com	Supersedes Old C-104 and Effective 1-1-65
U.S.G.S.  LAND OFFICE  TRANSPORTER OIL  GAS  OPERATOR  PRORATION OFFICE  Conoco Inc.  Address  P.O. Box 460, Hobbs  Reasonts) for tiling (Check proper box)  New Well Character of Coll  Change in Ownership give name and address of previous owner  DESCRIPTION OF WELL AND LEASE  Lease Name  MCA Unit ALL  ALL  ALL  ALL  ALL  ALL  ALL  ALL	S, New Mexico 88	8240  Other (Please Change Contine)	explain) of corporate ntal Oil Com	name from
TRANSPORTER  OPERATOR  PRORATION OFFICE  Conoco Inc.  Address  P.O. Box 460, Hobbs  Reasonts) for triing (Check proper box)  New Well Change in Connection Cast  If change of ownership give name and address of previous owner  DESCRIPTION OF WELL AND LEASE  Lease Name  MCA Unit Additional Cast  MCA Unit Additional Cast  Additional Cast  Address  P.O. Box 460, Hobbs  Charge by Check proper box)  Charge in Connection Cast  Cast  Address  P.O. Box 460, Hobbs  Charge by Check proper box)  Charge by Check proper box)  Charge by Check proper box  Charge by Check proper by Check proper box  C	S, New Mexico 88	8240 Other (Please Change Contine)	explain) of corporate ntal Oil Com	name from pany effective
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OPERATOR  PROBATION OFFICE  Conoco Inc.  Address  P.O. Box 460, Hobbs  Reason(s) for thing (Check proper box)  New We!! Char  Recompletion Cil  Change in Cwnership give name and address of previous owner  DESCRIPTION OF WELL AND LEASE  Lease Name  MCA Unit Address	nge in Transporter of:	Other (Please Change Contine	of corporate ntal Oil Comp	name from pany effective
PRORATION OFFICE  Conoco Inc.  Address  P.O. Box 460, Hobbs  Reasonts) for triing (Check proper box)  New Well Change in Cwnership Cast  If change of ownership give name and address of previous owner  DESCRIPTION OF WELL AND LEASE  Lease Name  MCA Unit Address  Address  P.O. Box 460, Hobbs  Change	nge in Transporter of:	Other (Please Change Contine	of corporate ntal Oil Comp	name from pany effective
Conoco Inc.  Address  P.O. Box 460, Hobbs  Reasonts) for triing (Check proper box)  New Well Character Coll  Change in Cwnership Cast  If change of ownership give name and address of previous owner  DESCRIPTION OF WELL AND LEASE  Lease Name  MCA Unit Add 2	nge in Transporter of:	Other (Please Change Contine	of corporate ntal Oil Comp	name from pany effective
P.O. Box 460, Hobbs  Reasonts) for tiling (Check proper box)  New Well Change Change In Constitution City  Change in Connership give name and address of previous owner  DESCRIPTION OF WELL AND LEASE  Lease Name  MCA Unit Law 460, Hobbs  Change box 460, Hobbs  Charge box 460,	nge in Transporter of:	Other (Please Change Contine	of corporate ntal Oil Comp	name from pany effective
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New Well Char  Recompletion Cil  Change in Ownership give name and address of previous owner  DESCRIPTION OF WELL AND LEASE  Lease Name  MCA Unit Late 1	- Dry	Change Contine	of corporate ntal Oil Comp	name from pany effective
Recompletion Cill Change in Ownership Cast  If change of ownership give name and address of previous owner  DESCRIPTION OF WELL AND LEASE  Lease Name  MCA Unit Blue 2	- Dry	<sup>CGas</sup> Contine	ntal Oil Comp	name from pany effective
Change in Ownership Cast  If change of ownership give name and address of previous owner  DESCRIPTION OF WELL AND LEASE Lease Name  MCA Unit Late 2		Contine	ntal Oil Comp 1979.	pany effective
DESCRIPTION OF WELL AND LEASE Lease Name  MCA Unit Bull 2				
MCA Unit Bull 2				
Lul a	No. Pool Name, Including	g Formation	find of Lease	_ease ∵
Location	4 Maljar	nar D-SW	State, Federal or Fe	£C-0295
	t From TheN	Line and	Feet From The	E
Line of Section 20 Township	17-5 Range	326 , NMPM,	Lea	Count
DESIGNATION OF TRANSPORTED OF		Λ·	1.00	Sount
DESIGNATION OF TRANSPORTER OF ( Name of Authorized Transporter of CI)	or Condensate		which approved cop	y of this form is to be sent)
Name or Authorized Transporter of Casingnead Go	as or Dry Gas	Address (Give address to	which approved con	y of this form is to be sent)
:			:	y of this form is to be sent)
If well produces oil or liquids, Unit give location of tanks.	Sec. Twp. P.ge.	Is gas actually connected	? When	
If this production is commingled with that from	m any other lease or poo	ol, give commingling order	number:	
Designate Type of Completion - (X)	Oil Well Gas Well	New Well Workover	Deepen Plug	Back   Same Resty, Diff. Res
Date Spudded Date Com	pi. Ready to Prod.	Total Depth	P.B.1	r.ə.
Elevations (DF, RKB, RT, GR, etc., Name of F	Producing Formation	Top Oll/Gas Pay	Tubin	ng Depth
Periorations	·		D41	Contract
			Depth	Casing Shoe
HOLE SIZE CAS	TUBING, CASING, A	ND CEMENTING RECORD		SACKS CEMENT
		527711321		JACKS CEMENT
TEST DATA AND REQUEST FOR ALLO	WABLE (Test must be	e after recovery of total volume depth or be for full 24 hours)	of load oil and mus	t be equal to or exceed top all
Olf, WELL  Date First New Cil Run To Tanks Date of To		Producing Method (Flow,	pump, gas lift, etc.)	
Length of Teet Tubing Pr	essure	Casing Pressure	Choke	• Size
Actual Prod. During Test Cil-Bbls.		Water-Bbls.	Gas-1	MCF
		1		
GAS WELL Actual Prod. Test-MCF/D   Length of	Test	Bbls. Condensate/MMCF	Gravit	ty of Condensate
Testing Method (pitot, back pr.) Tubing Pr.	essure (Shut-in)	Casing Pressure (Shut-1	n) Choke	Size
				· · · · · · · · · · · · · · · · · · ·
ERTIFICATE OF COMPLIANCE	m/s	ii ii	NSERVATION	COMMISSION
hereby certify that the rules and regulations	of the Oil Conservation	APPROVED	لزاملا سائال	19
mmission have been complied with and the over is true and complete to the best of m	at the information give	n Chair	Artin	- !/

Distission Manager (Title)

JUN 5 1979

NMOCD (5) USGS(2) Partners File

Lease No. LC-0294056

TATLE District Supervisor

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I. II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

RECEIVED

JUN 6 1979

OIL CONSERVATION COMM.

MORES, N. M.