

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO. <u>30-025-20496</u>
5. Indicate Type of Lease <u>Federal</u> STATE ☐ FEE ☐
6. State Oil & Gas Lease No.

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. Type of Well: OIL WELL ☐ GAS WELL ☐ OTHER <u>Injection</u>	7. Lease Name or Unit Agreement Name <u>MCA Unit Bty 2</u>
2. Name of Operator <u>Conoco Inc.</u>	8. Well No. <u>235</u>
3. Address of Operator <u>P. O. Box 460 - Hobbs, NM 88240</u>	9. Pool name or Wildcat <u>Maljamar - C-5A</u>
4. Well Location Unit Letter <u>F</u> : <u>1325</u> Feet From The <u>north</u> Line and <u>1325</u> Feet From The <u>west</u> Line Section <u>28</u> Township <u>17S</u> Range <u>32E</u> NMPM <u>Lea</u> County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	

11.

Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: CO₂ Stage 1 - Convert to Producer ☒

12. 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. Unset pki at 3716'. POOH w/ tbg. Run csq scraper to 4035'. Set RBP at 3712', test to 2000 psi. G1H w/ 4 3/4" bit, DC & workstring. Run to 4027'. Drill out from 4027' - 4035'. POOH. G1H w/ mill to 3700'. Mill on collapsed csq from 4035' - 4051'. Cue hole clean. Perf 3740' - 3818', 3864' - 3891', 3913' - 3971' & 3976' - 4067' for total of 97 shots. Set pki at 3650'. Acidize w/ 65 bbls 15% NE-FC-HCL. SF for 2 hrs. Unset pki & POOH. Run producing equipment. For further information contact Barry ^{Schneider} at 397-5893.

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

SIGNATURE D. F. Finney TITLE Administrative Supervisor DATE January 30, 1989
TYPE OR PRINT NAME D. F. Finney TELEPHONE NO. 505-397-5800

(This space for State Use)

FOR RECORD ONLY

APPROVED BY _____ TITLE _____ DATE FEB 07 1989

CONDITIONS OF APPROVAL, IF ANY:

NMOCO-Hobbs (3) File

2021 01 23 14

RECEIVED

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