NO. OF COPIES RECEIVED			Form C-103 Supersedes Old
DISTRIBUTION		±	C-102 and C-103
SANTA FE	NEW MEXICO OIL CONS	ERVATION COMMISSION	Effective 1-1-65
FILE			5a. Indicate Type of Lease
U.S.G.S.			State Fee Fee
LAND OFFICE			5. State Oil & Gas Lease No.
OPERATOR			LC-057210
			vininiminimi
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.)			7, Unit Agreement Name
OIL GAS GAS OTHER-			8. Farm of Lease Name / 11
2. Name of Operator CONOCO INC.			MCA Unit Sty 3
P. O. Box 460, Hobbs, N.M. 88240			299
4. Location of Well UNIT LETTER D 175 FEET FROM THE North LINE AND 1295 FEET FROM MALLAMAN GISA			
THE West LINE, SECTION 27 TOWNSHIP 175 RANGE 32E NMPM.			
	15. Elevation (Show whether	·DF, RT, GR, etc.)	12. County Lea
	heck Appropriate Box To Indicate I	Nature of Notice, Report or Otlessequen	her Data r report of:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK COMMENCE DRILLING OPNS. CASING TEST AND CEMENT JQB	ALTERING CASING PLUG AND ABANDONMENT
PULL OR ALTER CASING		OTHER	
OTHER Shu-	t off surf. wtrflow X		
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.			
@ Rig up pmp truck to bradenhead value			
3 Pin tracer survey			
Bradenhead sqz the csg-csg annulus as follows; a. Lead-in w/ abbls salt saturated brine			
4 bradenhead sqz the csg-csg annulus as tollows?			
a lead-in w/ Thole salt saturated bring			
C. Leas-IVI wy 2005 suit sair soice prine			
b. Pmp 2661 fresh wtr cushion c. Pmp 20 bols Flo-Chek			
c Pmo 20 Hols Flo-Chek			
1 The Marie december			
d. Tail-in w/195 sxs class "H" cmt			
E. Displace cont thru wellhead w/fresh wtr 5 Return well to production.			
Octored wolf			
S Relovit well to production.			
I			
		•	
18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
_//. ¬			1110-00
SIGNED Pour	CS-9 TITLE	Administrative Supervisor	_ DATE 11-13-85
OPIGIALAI SI	CHED BY JARY SEXTON		NOV 9 9 TUNA
OKIOHWAI 31 DETE	HCT I SUPERVISOR		NOV 2 2 1985
PASS IL	TITLE		DATE

NMMCO-HOBBS(3) El

NOV 19 1985