NO. OF COPIES RECEIVED		Form C-103
DISTRIBUTION		Supersedes Old C-102 and C-103
SANTA FE	NEW MEXICO OIL CONSERVATION COMMISSION	Effective 1-1-65
FILE		5a. Indicate Type of Lease
U.S.G.\$.		State Fee Fee
LAND OFFICE		5. State Oil & Gas Lease No.
OPERATOR		LC-057210
	The state of the s	vinninininin —
(DO NOT USE THIS FORM FOR USE **APPLI	DRY NOTICES AND REPORTS ON WELLS PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVE CATION FOR PERMIT - " (FORM C-101) FOR SUCH PROPOSALS.)	7. Unit Agreement Name
1. OIL GAS WELL	OTHER-	8. Farm or Lease Name
2. Name of Operator CONOCC) INC.	MCA UnitBty 2
3. Address of Operator P. O. Box	460, Hobbs, N.M. 88240	9. Well No. 318
4. Location of Well		10. Field and Pool, or Wildcat
A	25 FEET FROM THE North LINE AND 1295	FEET FROM Maljamar 6/5H
UNIT EZITER		
THE FAST LINE, SE	CTION 28 TOWNSHIP 175 RANGE 32F	NAIPM.
	15. Elevation (Show whether DF, RT, GR, etc.)	12. County
	15. Elevation (show whether BP, RT, OR, etc.)	Lea
Check Appropriate Box To Indicate Nature of Notice, Report or Other Data		
		BSEQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON	COMMENCE DRILLING OPNS	
PULL OR ALTER CASING	CHANGE PLANS CASING TEST AND CEMENT	
OTHER repair	Surf. waterflow	
Tascriba Proposed or Complete	Coperations (Clearly state all pertinent details, and give pertinent dat	es, including estimated date of starting any proposed
work) SEE RULE 1 105.		
(T) M. (O.12		
OMIRO		
ORig up pump truck to bradenhead value		
3 Pun Ingrat Survey		
DRON Tracer sorvey		
3 Run tracer survey Bradenhead sqz the csg-csg annulus as follows:		
a lead-in w/ Obble salt saturated bring		
La Para Abbl Fresh wto cushion		
b. Imp abo	THESH WIT CUSHION	
C. PMP 20 BBIS F10 - CHER		
b. Pmp abbl fresh wtr cushion c. Pmp ao bbls Flo-Chek d. Tail-in w/ 200 sxs class "H" cmt		
e. Displace cont thru wellhead w/ fresh wtr		
C. Displace	I I hadron & water of a control	10 ml a 900 000
3 Shut-in bradenhead value & install pop-off value set @ 800 psi		
6 Return well to production.		
	· · · · · · · · · · · · · · · · · · ·	
	· · · · · · · · · · · · · · · · · · ·	
11. I hereby certify that the inform	ation, bove is true and complete to the best of my knowledge and belie	a.
1/1//	<i>[</i> /	11 12 0-
SIGNED TOWN	Administrative Suger	VISOT DATE 11-19-85
ORIGINAL SIGNE	O BY BERTH LONGON	NOV 2 7 1985
APPROVED BY DISTRICT!	SUPSKIPTOR TITLE	NIMARD-HOLDS (3) File
		MINNEY 13 - HOPPE CAPPITE