NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease: State ☐ Federal Fee ☐

5. 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. OIL WELL ☐ GAS WELL ☐ OTHER- Injection Well

7. Unit Agreement Name: MCA Unit

2. Name of Operator: Conoco Inc.

8. Farm or Lease Name: MCA Unit Sec. 23

3. Address of Operator: P.O. Box 460 - Hobbs, New Mexico 88240

9. Well No.: 349

4. Location of Well: UNIT LETTER M, 75 FEET FROM THE South LINE AND 1295 FEET FROM THE West LINE, SECTION 23 TOWNSHIP 17S RANGE 32E NMPM.

10. Field and Pool, or Wildcat: Maljamar G-SA

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

12. County: Lea

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐		COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐	CHANGE PLANS ☐	CASING TEST AND CEMENT JOB ☐	
OTHER Return to Production ☒		OTHER ☐	

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. MIRU. Test casing above CIBP to 500 psi. Bleed pressure off and watch for flow.
2. Release pkr & POOH w/ Tbg.
3. Drillup CIBP at 2725'.
4. Clean out to PBTD at 4203'.
5. Run producing equipment & place on production.

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

SIGNED W. Finney DF FINNEY TITLE Administrative Supervisor DATE October 27, 1987

APPROVED BY ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: