Submit 3 Copies to Appropriate District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

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. 30-025-01562

5. Indicate Type of Lease Fed. 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.)

7. Lease Name or Unit Agreement Name: MCA Unit Sty 4

1. Type of Well: OIL WELL ☐ GAS WELL ☐ OTHER Injection

2. Name of Operator: Conoco Inc.

8. Well No. 198

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

9. Pool name or Wildcat: Maljamar G-SA

4. Well Location
Unit Letter L : 1980 Feet From The S Line and 660 Feet From The W Line

Section 30 Township 17S Range 33E NMPM Lea 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:				SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	☐	PLUG AND ABANDON	☒	REMEDIAL WORK	☐	ALTERING CASING	☐
TEMPORARILY ABANDON	☐	CHANGE PLANS	☐	COMMENCE DRILLING OPNS.	☐	PLUG AND ABANDONMENT	☐
PULL OR ALTER CASING	☐			CASING TEST AND CEMENT JOB	☐		
OTHER:	☐			OTHER:	☐		

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. Notify OCD before R.U.

We propose to P+A this well as follows:

1. Set cmt retainer @ 3880'
2. Fill open hole + csg from 4350' to 3880' w/300 sxs cmt. Spot 25 sks. cmt on top of ret. from 3880 to 3735'. Fill wellbore w/9.5 ppg mud.
3. Spot 18 sxs plug across base of salt 2380 to 2275. Spot 18 sks. across top of salt 1350' to 1245'.
4. Set a 60 sxs. plug from 350' to surface

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

SIGNATURE W W Baker TITLE Adm. Supervisor DATE 2-7-90

TYPE OR PRINT NAME W. W. Baker TELEPHONE NO. 397-5800

(This space for State Use)

APPROVED BY ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR TITLE DATE FEB 12 1990

CONDITIONS OF APPROVAL, IF ANY: