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. 30-025-06256

5. Indicate Type of Lease Federal 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: SEMU Permian

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

2. Name of Operator: Conoco Inc.

8. Well No. 14

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

9. Pool name or Wildcat: Skaggs Grayburg

4. Well Location
Unit Letter I : 1980 Feet From The South Line and 660 Feet From The east Line
Section 24 Township 20S Range 37E 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: Run Scab Liner & Inj Profile ☒		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.

1. MIRU. RIH retrieve RBP at 1600' & POOH.
2. RIH. Clean out to 3750'. Circ & POOH.
3. RIH set injectin pkr at 3750' & release at on/off tool. Set tbg pkr at 3720'. Test inj pkr to 1000 psi. SI for 30 mins. POOH.
4. RIH w/ scab liner. Positin across leak at 1650' w/ top of liner at 1550'.
5. Set pkr for scab liner.
6. Run thru scab liner to top of inj pkr. Circ pkr fluid. Latch onto inj pkr w/ on/off tool. Pressure test tbg to 2000 psi. Retrieve standing valve. Pressure test backside to 500 psi to test liner. SI for 30 mins. & bleed off re-positin liner & re-test. RIH to Inj. After inj rate stable, run inj profile log. For further information contact Craig Richardson

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

SIGNATURE Marlene Simpson for TITLE Administrative Supervisor DATE March 21, 1989

TYPE OR PRINT NAME D. F. Finney TELEPHONE NO. (505)397-5800

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE MAR 29 1989

CONDITIONS OF APPROVAL, IF ANY:

cc: Hobbs(3)