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. 30-025-08266

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: Thompson 19 Federal #19

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

2. Name of Operator: Conoco Inc.

8. Well No. #2

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

9. Pool name or Wildcat: Mason Delaware North

4. Well Location
Unit Letter F : 1980 Feet From The North Line and 1980 Feet From The West Line

Section 19 Township 26S Range 32E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3195' D.F.

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: Reinstall liner & stimulate ☒		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 & BLM prior to R.U. Clean-out to T.D. Plugback w/sand/Cal-Seal to 9295'. RIH w/liner assy, btm of liner @ 9052'. Cmt. liner in hole w/50 sxs. Class "C" cmt. After 15 sx are dmpd. the hanger packing elements will be set to squeeze csg leaks @ 9176', 9194', & 9218'. WOC 24 hrs.; then D.O. cmt, Cal-Seal & sand. Stimulate w/1000 gals 15% HCL-NE-FE. RIH w/inj. equip.
Return to injection.

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 1/26/90

TYPE OR PRINT NAME W. W. Baker TELEPHONE NO. 397-5980

(This space for State Use)
ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE JAN 31 1990

CONDITIONS OF APPROVAL, IF ANY: