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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  Fee

5. State Oil & Gas Lease No.  
B-2657

7. Unit Agreement Name

8. Farm or Lease Name  
STATE A-2

9. Well No.  
2

10. Field and Pool, or Wildcat  
Clinchby, Tubb + Drinkard

12. County  
Lea

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

2. Name of Operator  
Continental Oil Company

3. Address of Operator  
Box 460, Hobbs, New Mexico

4. Location of Well:  
UNIT LETTER J 2310 FEET FROM THE SOUTH LINE AND 1650 FEET FROM  
THE EAST LINE, SECTION 2 TOWNSHIP 25-S RANGE 37-E NMPM.

15. Elevation (Show whether DF, RT, CR, etc.)  
3162 DF

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data  
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK

TEMPORARILY ABANDON

PULL OR ALTER CASING

OTHER

PLUG AND ABANDON

CHANGE PLANS

SUBSEQUENT REPORT OF:

REMEDIAL WORK

COMMENCE DRILLING OPNS.

CASING TEST AND CEMENT JOB

OTHER

ALTERING CASING

PLUG AND ABANDONMENT

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.

It is proposed to perforate additional pay and stimulate the Clinchby, Tubb and Drinkard formations in this well by the following procedure.

Perf the Drinkard from 6074' to 6154' (approx.) w/1 selective 15PF and stimulate (selectively) with 3,500 gals 15% LSTNE.

Perf. the Tubb from 5871' to 5954' w/one 15PF and stimulate with 30,000 gals MY-T-FTRC.

Perf. Clinchby from 5128' to 5273' w/one 15PF and stimulate with 20,000 gals MY-T-FTRC.

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

SIGNED M. E. [Signature] TITLE Administrative Section Chief DATE 4-13-70

APPROVED BY [Signature] TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

no [unclear] 3 file