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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.
13012

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER-	7. Unit Agreement Name
2. Name of Operator CONTINENTAL OIL COMPANY	8. Farm or Lease Name STATE AC COM.
3. Address of Operator P.O. Box 460 Hobbs, N.M. 88240	9. Well No. 5
4. Location of Well UNIT LETTER <u>F</u> <u>1980</u> FEET FROM THE <u>NORTH</u> LINE AND <u>1980</u> FEET FROM THE <u>WEST</u> LINE, SECTION <u>30</u> TOWNSHIP <u>19.5</u> RANGE <u>37.E</u> N.M.P.M.	10. Field and Pool, or Wildcat EUNICE MONUMENT (G-S)
15. Elevation (Show whether DF, RT, GR, etc.) 3637' GL.	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 <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <u>TEST, REPAIR CSG. LK.</u> <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER <input type="checkbox"/>

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 TEST FOR A CASING LEAK AND REPAIR IF NECESSARY TO COMPLY WITH STATE REGULATION AS FOLLOWS:

- MOVE IN RIG, KILL WELL W/ TFWI., PULL PROD. EQPT.
- RUN RETR. BRIDGE PLUG; RETR. PKR - SET RBP @ ±3840', PKR @ ±2600'
- PRESSURE TEST CSG ON TUBING SIDE TO 300# FOR 5 MINIS., TEST LIKEWISE ON ANNULUS SIDE
- IF INJECTIVITY RATE IS ESTABLISHED, LOCATE LEAK & EXTENT
- SQUEEZE LEAK WITH APPROPRIATE AMT. OF CMT.
- TEST, RESQUEEZE IF NECESSARY, TEST
- PULL REPAIR EQPT, RUN PROD. EQPT, RETURN WELL TO PROD.

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

SIGNED [Signature] TITLE ADMINISTRATIVE SUPERVISOR DATE 8-23-78

APPROVED BY Jerry Sexton TITLE _____ DATE AUG 28 1978
 CONDITIONS OF APPROVAL, IF ANY: NMOCC 37 FILE