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NEW MEXICO OIL CONSERVATION COMMISSION

SEP 29 1:30 PM '66

Form C-103
Supersedes Old C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease
State [x] Fee [ ]

5. 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.)

1. OIL WELL [x] GAS WELL [ ] OTHER-

7. Unit Agreement Name

2. Name of Operator
Continental Oil Company

8. Farm or Lease Name
State A-5

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

9. Well No.
2

4. Location of Well
UNIT LETTER O, 990 FEET FROM THE South LINE AND 1650 FEET FROM THE East LINE, SECTION 5 TOWNSHIP 19S RANGE 38E NMPM.

10. Field and Pool, or Wildcat
Hobbs Pool

15. Elevation *(Show whether DF, RT, GR, etc.)*
3617 DF

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 [ ]	PLUG AND ABANDON [ ]	REMEDIAL WORK [ ]	ALTERING CASING [ ]
TEMPORARILY ABANDON [ ]		COMMENCE DRILLING OPNS. [ ]	PLUG AND ABANDONMENT [ ]
PULL OR ALTER CASING [ ]	CHANGE PLANS [ ]	CASING TEST AND CEMENT JOB [ ]	
OTHER [ ]		OTHER PB and Recomplete [x]	

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.

Subject well was plugged back and recompleted in the Grayburg using the following procedures: Pulled rods & tubing. Set CIBP @ 4,100. Perf. @ 3956, 3974, 3979, 3986, 3996, 4005, 4020 W/1 JSPF. Treated perfs. 3956-4020 W/500 gal. 15% LSTNE. Fractured W/35,000 gal. lse. crude, 16,000# sand and 1,750# "ADOMITE" additives. TD4283, PB 4100, Grayburg int. 3952-4034, on test 9-26. Pumped 33 BO & 0 BW, in 24 hours. Workover started 8-26-66. Completed 8-29-66.

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

SIGNED SIGNED HAL R. STEVENS TITLE Staff Supervisor DATE 9/28/66

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

NMOCC-5 LPT