

NEW MEXICO OIL CONSERVATION COMMISSION

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LAND OFFICE		
OPERATOR		

5a. Indicate Type of Lease  
 State  Fee   
 5. State Oil & Gas Lease No.  
**B-10233**

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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER- 2. Name of Operator <b>CONTINENTAL OIL COMPANY</b> 3. Address of Operator <b>Box 460, HOBBS, N.M. 88240</b> 4. Location of Well UNIT LETTER <b>N</b> <b>660</b> FEET FROM THE <b>SOUTH</b> LINE AND <b>2180</b> FEET FROM THE <b>WEST</b> LINE, SECTION <b>12</b> TOWNSHIP <b>19-S</b> RANGE <b>36-E</b> NMPM. 15. Elevation (Show whether DF, RT, GR, etc.) <b>3728' GR (EST.)</b>	7. Unit Agreement Name 8. Farm or Lease Name <b>STATE KN-12</b> 9. Well No. <b>2</b> 10. Field and Pool, or Wildcat <b>EUDIAN QUEEN GAS</b> 12. County <b>LEA</b>
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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 checked="" type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <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.

*Spudded 11" hole on 12-11-74. Set 7 5/8" 24# H-40 casing @ 365' w/200 sks. Class "C" cement. Plug down 12-12-74. Cement Circ. to sfc. WOC 18 Hrs. Tested 159. w/800 psi for 1/2 Hr. Held Ok.*

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

SIGNED *[Signature]* TITLE SR. ANALYST DATE 12-13-74

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

CONDITIONS OF APPROVAL, IF ANY:

*NMOCC-4, File*