NO. OF COPIES RECEIVED DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OF FICE OPERATOR	NEW MEXICO OIL CONSERVATION COMMISSION		Form C-103 Supersedes Old C-102 and C-103 Effective 1-1-65 Sa. Indicate Type of Lease State Fee X 5. State Oll & 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. Unit Agreement Name
WELL X WELL OTHER-			8. Farm or Lease Name
Continental Oil Company			Berry 34
3. Address of Operator			9. Well No.
Box 460, Hobbs, New Mexico			10. Field and Pool, or Wildcat
UNIT LETTER N			Wolfcamp
THE West LINE, SECTION 34 TOWNSHIP 11-S RANGE 38-E NMPM			VMPM. ())))))))))))))))))))))))))))))))))))
15. Elevation (Show whether DF, RT, GR, etc.)			12. County
16. Check Appropriate Box To Indicate Nature of Notice, Report or Ot			Lea
PLUG AND ABANDON ALTERING CASING PLUG AND ABANDON ALTERING CASING PLUG AND ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. PULL OR ALTER CASING CHANGE PLANS CHANGE PLANS CASING TEST AND CEMENT JOB OTHER CASING PLUG AND ABANDONMENT CHANGE PLANS CHANGE PLUG AND ABANDONMENT CHANGE PLUG AND ABANDONMENT CHANGE STAND CEMENT JOB OTHER COMMENCE OR COMPLETE COMMENCE OF CHANGE PLUG AND ABANDONMENT CHANGE SEE RULE 1703. The Devonian zone in Berry 34 No. 1 has reached its economic limit, and it is recommended that the Devonian zone be abandoned. The Wolf camp zone in this well is a prospective salvage zone and should be tested before the well is abandoned. It is proposed to abandon the Devonian and test the Wolf camp using the following procedure: 1) Pull Kobe pump and tubing. 2) Set CIBP @ 12,078' and drop 2 sx Class "E" cement on top of bridge plug 3) Set retrievable bridge plug @ 9,700'. 4) Run gamma-ray collar log on top of perforating gun from 9650 - 9300. 5) Perforate Wolfcamp W/1 JSPF @ 9482, 9485, 9488, 9508, 9514, & 9596. 6) Acidize W/3,000 gals LSTNE acid W/.5% of HC-2 or equivalent using ball sealers. 7) Swab all perfs.			
18. I hereby certify that the information SIGNED: ROBERT (		of my knowledge and belief.	
SIGNED RODERT		taff Supervisor	DATE
$\int dr dr$	4-		

TITLE

DATE

conditions of approval. If any: NMOCC-3 SLO-2 JM- Partners-4