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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.
B-2656

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 <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator Continental Oil Company	8. Farm or Lease Name State A-5
3. Address of Operator Box 460 Hobbs, N. Mexico	9. Well No. 1
4. Location of Well UNIT LETTER J 1980 FEET FROM THE South LINE AND 1980 FEET FROM THE East LINE, SECTION 5 TOWNSHIP 195 RANGE 38E NMPM.	10. Field and Pool, or Wildcat Hobbs G-5A
15. Elevation (Show whether DF, RT, GR, etc.) 3622' df	12. County Yea

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 checked="" 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 <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <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.

Perf. w/ 1' spf @ 3994', 3997', 4006', 4008', 4015 and 4020'.
Perf w/ 2' spf @ 4097', 4116' and 4133'. Treated perfs
4150'-4164' w/ 750 gals 2890 NE acid. Treated perf
4097'-4133' w/ 500 gals 2890 NE acid. Treated
perfs 3994'-4020' w/ 1500 gals 2890 NE acid.

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 *5-29-73*

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:
N/MOCC - 4 File