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NEW MEXICO OIL CONSERVATION COMMISSION

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

971 FEB 25 1971

5a. Indicate Type of Lease
State ☐ 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 ☐ GAS WELL ☐ OTHER- <u>Water Injection Well</u>	7. Unit Agreement Name <u>Eminent Hardy</u>
2. Name of Operator <u>Continental Oil Company</u>	8. Farm or Lease Name <u>Eminent Hardy Unit</u>
3. Address of Operator <u>Box 460, Hobbs, New Mexico</u>	9. Well No. <u>35</u>
4. Location of Well UNIT LETTER <u>G</u> <u>1980</u> FEET FROM THE <u>North</u> LINE AND <u>1980</u> FEET FROM THE <u>East</u> LINE, SECTION <u>6</u> TOWNSHIP <u>21-S</u> RANGE <u>37-E</u> NMPM.	10. Field and Pool, or Wildcat <u>Eminent</u>
15. Elevation (Show whether DF, RT, GR, etc.) <u>3483' LL</u>	12. County <u>San</u>

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐

OTHER True ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOBS ☐
OTHER ☐

ALTERING CASING ☐
PLUG AND ABANDONMENT ☐

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 treat well w/ 20,000 gal - 30,000 #
water frac - prod water containing 25# "adsorbate Aqua"
and 40 # guar per 1000 gal and 1 1/2 # 20-40
sand per gal.
Re-run cont-lined injection tubing and packer,
place well back on injection.

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

SIGNED M. E. Yeakley TITLE Admin. Section Supervisor DATE 2-19-71

APPROVED BY [Signature] TITLE SUPERVISOR DISTRICT DATE FEB 24 1971

CONDITIONS OF APPROVAL, IF ANY: