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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 <input checked="" type="checkbox"/> | Fee <input type="checkbox"/> |
| 5. State Oil & Gas Lease No. | |
| K-1112 | |

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 type="checkbox"/> OTHER <input type="checkbox"/> | 7. Unit Agreement Name |
| 2. Name of Operator CHARLES B. READ | 8. Farm or Lease Name Continental-State |
| 3. Address of Operator P. O. Box 2126 Roswell, New Mexico 88201 | 9. Well No. 2 |
| 4. Location of Well UNIT LETTER M, 660 FEET FROM THE South LINE AND 660 FEET FROM THE West LINE, SECTION 7 TOWNSHIP 10S RANGE 34E NMPM. | 10. Field and Pool, or Wildcat Vada Penn |
| 15. Elevation (Show whether DF, RT, GR, etc.) 4201' KB | 12. County Lea |

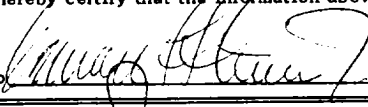
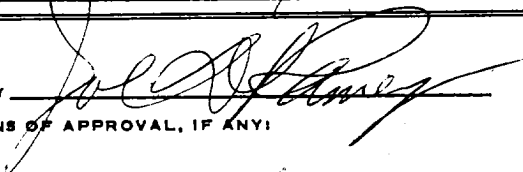
Check Appropriate Box To Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

| | | | |
|--|---|--|---|
| 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 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 checked="" 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.

9-14-68: Ran 100 jts, 8 5/8", 32 & 24# FWPS csg, 4012', set @ 4010' RKB. Cmt w/300 sx Incor poz mix, 200 sx 2% gel, 8# salt per sx, 100 sx 2% CaCl & 2% gel. Plug down to 3984' @ 10:30 PM. WOC 18 hrs. Tested 8 5/8" csg to 1500 PSI. Test OK.

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

| | | |
|---|---------------------------|------------------|
| SIGNED  | TITLE Agent | DATE 9-18-68 |
| APPROVED BY  | TITLE SUPERVISOR DISTRICT | DATE SEP 20 1968 |
| CONDITIONS OF APPROVAL, IF ANY: | | |