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LAND OFFICE	
OPERATOR	

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. E-5369
7. Unit Agreement Name Eastrop Queen
8. Farm or Lease Name Eastrop Queen Unit
9. Well No. 36
10. Field and Pool, or Wildcat Caprock Queen
12. County Chaves

SUNDY 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"/>
2. Name of Operator Continental Oil Company
3. Address of Operator Box 460, Hobbs, N. Mex.
4. Location of Well UNIT LETTER P , 990 FEET FROM THE South LINE AND 990 FEET FROM THE East LINE, SECTION 34 TOWNSHIP 14 RANGE 31 NMPM.
15. Elevation (Show whether DF, RT, GR, etc.) 9916 DF

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 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 1163.

Drilled 7 7/8" hole to 3160' and set 5 1/2" 20# & 23# casing. Cemented casing with 500 sacks of class H cement with 8# salt per sack, & 110 sacks of class C cement with 3# salt per sack. Waited on cement 24 hrs. Cement was not circulated. Tested casing with 1000# for 30 minutes. Tested O.K.

2. M. O. C. - 3 E. C. O. Partners File

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 Adm. Section Chief	DATE 2-3-69
APPROVED BY [Signature]	TITLE SUPERVISOR DISTRICT 6	DATE FEB 0 1969
CONDITIONS OF APPROVAL, IF ANY:		