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LAND OFFICE	
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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 2366

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 ☐	7. Unit Agreement Name
2. Name of Operator Continental Oil Company	8. Farm or Lease Name STATE B
3. Address of Operator P. O. Box 460, Hobbs, New Mexico 88240	9. Well No. 4
4. Location of Well UNIT LETTER G 1980 FEET FROM THE NORTH LINE AND 1980 FEET FROM THE EAST LINE, SECTION 16 TOWNSHIP 17 SOUTH RANGE 32 EAST N.M.P.M.	10. Field and Pool, or Wildcat MALJ. G-SA REPAESS.
15. Elevation (Show whether DF, RT, GR, etc.) 4064' DF	12. County LEA

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 ☐
OTHER ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐
OTHER ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐
COMMENCE DRILLING OPS. ☐
CASING TEST AND CEMENT JOB ☐
OTHER ☐

ALTERING CASING ☐
PLUG AND ABANDONMENT ☐
OTHER ☐

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 PERF 3702-10' W/2-5SPF & SET RET. B.P. AT 3900' & PKR. AT 3800'. TREAT W/2,000 GAL. 15% ACID. FLUSH W/TREATED FRESH WATER. RESET B.P. AT 3790' & PKR. AT 3750' & TREAT W/750 GAL. 15% ACID. FLUSH W/TREATED FRESH WATER. RESET B.P. AT 3730' & PKR. AT 3630'. TREAT PERFS 3702-10' W/1500 GAL. 15% ACID. SWAB. TREAT FOR SCALE INHIBITION. FLUSH W/TREATED FRESH WATER. PULL TBG, PKR, & B.P. RUN PRODUCING EQUIPT. & RESTORE PRODUCTION.

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

SIGNED Wm. A. Battenfield TITLE SR. ANALYST DATE 3-18-76

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

NMOCC (4) FILE