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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

11 22 11 67

5a. Indicate Type of Lease	
State <input checked="" type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.	
OG 5010	
7. Unit Agreement Name	
8. Farm or Lease Name	
State KW-23	
9. Well No.	
1	
10. Field and Pool, or Wildcat	
Reeves Penn Pool	
12. County	
Lea	

## 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"/>
2. Name of Operator
Continental Oil Company
3. Address of Operator
P. O. Box 460, Hobbs, New Mexico 88240
4. Location of Well
UNIT LETTER <u>A</u> , <u>660'</u> FEET FROM THE <u>North</u> LINE AND <u>660'</u> FEET FROM THE <u>East</u> LINE, SECTION <u>23</u> TOWNSHIP <u>18S</u> RANGE <u>35E</u> NMPM.
15. Elevation (Show whether DF, RT, GR, etc.)
3896' RT

16.

## 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 ☐

### SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐  
COMMENCE DRILLING OPNS. ☐  
CASING TEST AND CEMENT JOB ☐  
OTHER Acidize ☒

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.

In an attempt to return this well to an economical producing status perforations 10,877-10,892' were acidized with 1,000 gallons Super X-W27 acid. Swabbed all load oil plus 20 barrels new oil. When well was turned in to flow-line, tubing went on vacuum and no production was obtained. Work was unsuccessful.

Work commenced 4-29-67. Completed 5-2-67.

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

SIGNED

TITLE Supervising Engineer

DATE 8-29-67

APPROVED BY

ORIGINAL  
SIGNED BY  
ENGINEER

DATE

CONDITIONS OF APPROVAL, IF ANY:

NMOCC-3 FILE