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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.
B 1535 1/2

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"/>	7. Unit Agreement Name
2. Name of Operator CONTINENTAL OIL COMPANY	8. Farm or Lease Name STATE B-25
3. Address of Operator Box 460, HOBBS, N.M. 88240	9. Well No. 1
4. Location of Well UNIT LETTER C 330 FEET FROM THE NORTH LINE AND 2310 FEET FROM THE WEST LINE, SECTION 25 TOWNSHIP 18-S RANGE 37E NMPM.	10. Field and Pool, or Wildcat HOBBS
15. Elevation (Show whether DF, RT, GR, etc.)	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 SHUT OFF WATER <input checked="" type="checkbox"/>	CASING TEST AND CEMENT JOB <input 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.

To improve the oil producing qualities of this well, the following work is proposed: Acid wash formation w/500 gals 15% acid. Pump 20 BW w/27 1/2 gals "ADOCIDE". Pump 20 BW w/54 gals "CORBAN 326". Pump 3000 BW w/2100# "J-217" Polymer & 105# "J-279" protective agent. Pump 500 BW w/27 1/2 gals. "ADOCIDE" & 17# "J-274". Overflush w/150 bbls lse. Oil w/5 gals surfactant. Shut-in for 2-3 days. Re-run prod. eqpt. & place back on production.

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

SIGNED [Signature] TITLE SR. ANALYST DATE 1-21-75

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

None - 4. File