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# NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103  
Supersedes Old  
C-102 and C-103  
Effective 1-1-65

## 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. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER-		5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
2. Name of Operator Continental Oil Company		5. State Oil & Gas Lease No. B-2656
3. Address of Operator P. O. Box 460, Hobbs, NM 88240		7. Unit Agreement Name
4. Location of Well UNIT LETTER <u>K</u> , <u>2310</u> FEET FROM THE <u>South</u> LINE AND <u>1320</u> FEET FROM THE <u>West</u> LINE, SECTION <u>33</u> TOWNSHIP <u>18S</u> RANGE <u>38E</u> NMPM.		8. Farm or Lease Name State A-53
15. Elevation (Show whether DF, RT, GR, etc.) 3635' 6".		9. Well No. 3
16.		10. Field and Pool, or Wildcat <del>Continental Oil Company Hobbs</del> Hobbs P-5A
		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 ☐

PLUG AND ABANDON ☐  
CHANGE PLANS ☐

OTHER Deepen 24' ☒

SUBSEQUENT REPORT OF:

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

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.

Do not BP @ 4,100' and spot 10'-15' sand on top. Set squeeze test @  $\pm$  3960' and squeeze pipe 4043'-4,050' w/ 75 sacks Class C cement. Drill out squeeze and pressure test to max. 700 PSI. Drill out 24' to new TD of 4,259'. Set phr. @ 4,232', treat open hole 4,235'-4,259' w/ 750 gal. 28% HCL-NE acid. Place 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 Admin. Supervisor

DATE 8-22-73

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

NMOCC-4 FILE