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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-2657
7. Unit Agreement Name
8. Farm or Lease Name STATE A-29
9. Well No. 8
10. Field and Pool, or Wildcat Undesignated
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 Box 460, Hobbs, N. Mex.
4. Location of Well UNIT LETTER K 2150 FEET FROM THE South LINE AND 1800 FEET FROM THE west LINE, SECTION 29 TOWNSHIP 18-S RANGE 38-E NMPM.
15. Elevation (Show whether DF, RT, CR, etc.) 3651' DF (est.)

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 1103.

Drilled 11" hole to 3800' and set 8 5/8" 32 + 24 # casing. Cemented with 240 sacks class C with 4% gel + 3 # salt per sack. W.O.C. 24 hrs. Temperature survey indicated top of cement at 2550'. Tested casing with 1,000 # pressure for 30 minutes. Tested O.K.

M.M.O.C.C. - 3 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 4-3-69
APPROVED BY [Signature]	TITLE SUPERVISOR	DATE APR 9 1969

CONDITIONS OF APPROVAL, IF ANY: