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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"/>
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5. State Oil & Gas Lease No.	<u>B-2657</u>
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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 <u>Continental Oil Company</u>	8. Farm or Lease Name <u>STATE A-29</u>
3. Address of Operator <u>Box 460 Hobbs, N. Mex.</u>	9. Well No. <u>8</u>
4. Location of Well UNIT LETTER <u>K</u> <u>2150</u> FEET FROM THE <u>South</u> LINE AND <u>1800</u> FEET FROM THE <u>West</u> LINE, SECTION <u>29</u> TOWNSHIP <u>18-S</u> RANGE <u>38-E</u> NMPM.	10. Field and Pool, or Wildcat <u>Undesignated</u>
15. Elevation (Show whether DF, RT, GR, etc.) <u>3651' DF (Est.)</u>	12. County <u>Lea</u>

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 checked="" 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.

This well was spudded at 9.00 p.m. 3-24-69.
Drilled 15" hole to 360'. Ran 11 3/4" 42# casing
and cemented with 250 sacks Class 'H' with 4% gel
and 2% Cal. Chl. Cement circulated. WOC 24 hrs.
Tested casing with 1000 # 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 W.E. Freckley TITLE Adm. Section Chief DATE 3-26-69

APPROVED BY Joe H. Hamey TITLE INSUR DISTRICT DATE _____

CONDITIONS OF APPROVAL, IF ANY: