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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

5a. Indicate Type of Lease
State ☒ Fee ☐

5. State Oil & Gas Lease No.
B 3196

7. Unit Agreement Name

8. Farm or Lease Name
STATE H-35

9. Well No.
1

10. Field and Pool, or Wildcat
VACUUM G-5A

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- 2. Name of Operator CONTINENTAL OIL COMPANY 3. Address of Operator P. O. Box 460, Hobbs, N.M. 88240 4. Location of Well UNIT LETTER H 1980 FEET FROM THE NORTH LINE AND 660 FEET FROM THE EAST LINE, SECTION 35 TOWNSHIP 17-S RANGE 34-E N.M.P.M. 15. Elevation (Show whether DF, RT, GR, etc.) 4019' GR.	7. Unit Agreement Name 8. Farm or Lease Name 9. Well No. 10. Field and Pool, or Wildcat 12. County
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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 ☐

REMEDIAL WORK ☒
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOBS ☐
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.

Treated open hole 4665' to 4698' w/3,000 gals 28% acid.
Set open hole bridge plug @ 4508' & packer @ 4395'.
Treated open hole w/4,000 gals 28% acid. Pulled pkr,
unable to pull bridge plug so pushed to bottom. Placed
well back on production. Work started 7-16-74, completed
7-31-74.

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

SIGNED *[Signature]* TITLE Division Office Manager DATE 8-15-74

APPROVED BY *[Signature]* TITLE DATE
CONDITIONS OF APPROVAL, IF ANY:

NMOCC-5, E/o