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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 [X] Fee [ ]

5. State Oil & Gas Lease No. B-3196

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 [X] GAS WELL [ ] OTHER-

7. Unit Agreement Name

2. Name of Operator: CONTINENTAL OIL COMPANY

8. Farm or Lease Name: STATE H-35

3. Address of Operator: P. O. Box 460, Hobbs, N.M. 88240

9. Well No. 2

4. Location of Well: UNIT LETTER A, 660 FEET FROM THE NORTH LINE AND 660 FEET FROM THE EAST LINE, SECTION 35 TOWNSHIP 17-S RANGE 34-E NMPM.

10. Field and Pool, or Wildcat: VACUUM G-SA

15. Elevation *(Show whether DF, RT, GR, etc.)*

12. County: LEA

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK [X]	PLUG AND ABANDON [ ]	REMEDIAL WORK [ ]	ALTERING CASING [ ]
TEMPORARILY ABANDON [ ]		COMMENCE DRILLING OPNS. [ ]	PLUG AND ABANDONMENT [ ]
PULL OR ALTER CASING [ ]	CHANGE PLANS [ ]	CASING TEST AND CEMENT JOB [ ]	
OTHER Deepen & Stimulate [ ]		OTHER [ ]	

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.

It is proposed to drill 30' of new hole and treat by the following procedure in order to stimulate production. Pump pad of 3000 gals trtd fresh wtr w/50# "ADOMITE AQUA" & 40# Guar (Gel) per 1000 gals. Acidize w/3000 gals 28% acid. Repeat this same treatment in open hole above zone originally treated by setting Lynes OH Bridge Plug & open hole pkr. Re-run prod eqpt. & return to production

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

SIGNED Hugh Dunn for TITLE Division Office Manager DATE 10-8-74

APPROVED BY Orig. Signed Joe D. Ramey Dist. I Supv. TITLE DATE

CONDITIONS OF APPROVAL, IF ANY:

NMOCC-4, File