

DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
OPERATOR		

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

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 ☒ GAS WELL ☐ OTHER ☐

2. Name of Operator
CONTINENTAL OIL COMPANY

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

4. Location of Well
UNIT LETTER **B** **660** FEET FROM THE **NORTH** LINE AND **1980** FEET FROM
THE **EAST** LINE, SECTION **35** TOWNSHIP **17S** RANGE **34E** NMPM.

7. Unit Agreement Name

8. Farm or Lease Name
STATE H-35

9. Well No.
3

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

15. Elevation (Show whether DF, RT, GR, etc.)
4022' DF

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 ☐

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

ALTERING CASING ☐
PLUG AND ABANDONMENT ☐

OTHER **Deepen & Stim.**

SUBSEQUENT REPORT OF:
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.

In an attempt to increase the current producing rate, the following work is proposed: Drill 35' to new TD of 4735'. Set Lynes OH pkr @ depth to be determined by logs. Pump in 3,000 gals treated fresh wtr w/50# "ADOMITE Aqua" & 40# Guar (gal) per 1,000#. Acidize w/3,000 gals 28% HCL-NE Acid. Overflush w/1,500 gals gelled treated fresh wtr. SI for 2 hrs. then swab. Set Lynes OH BP @ depth determined by logs. Spot 10' sand on top of BP. Set Lynes OH pkr @ depth determined by logs & repeat above treatment. Drill out & push OH BP to TD. Re-run prod. eqpt.

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

SIGNED **[Signature]**

TITLE **SR. ANALYST**

DATE **10-24-74**

APPROVED BY **[Signature]**
Joe D. Roney
Dist. I. Supv.

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

NMOCC-4, File