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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 ☒ Fee ☐
5. State Oil & Gas Lease No.
<u>B-3196</u>

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- ☐	7. Unit Agreement Name
2. Name of Operator <u>CONTINENTAL OIL COMPANY</u>	8. Farm or Lease Name <u>STATE H-35</u>
3. Address of Operator <u>Box 460, HOBBS, N.M. 88240</u>	9. Well No. <u>4</u>
4. Location of Well UNIT LETTER <u>F</u> , <u>1980</u> FEET FROM THE <u>NORTH</u> LINE AND <u>1980</u> FEET FROM THE <u>WEST</u> LINE, SECTION <u>35</u> TOWNSHIP <u>17-S</u> RANGE <u>34-E</u> NMPM.	10. Field and Pool, or Wildcat <u>VACUUM G-SA</u>
15. Elevation (Show whether DF, RT, GR, etc.) <u>4027' DF</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 ☒	PLUG AND ABANDON ☐	REMEDIAL WORK ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐	OTHER <u>DEEPEN & STIMULATE</u> ☒	CASING TEST AND CEMENT JOBS ☐	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.

The following work is proposed in order to restore production on this well: Drill approx. 40' to new TD 4735'. Run GR/N log 4735' to 3000' & caliper open hole. Acid frac in stages: 1000 gals trtd fresh wtr. w/50#/1000 gals "ADOMITE AQUA" & 40#/1000 gals Guex (Gel), then 1000 gals 28% HCL-NE acid containing 4#/1000 gals polymer friction reducer. Overflush w/1000 gals gelled trtd fresh wtr. Run TDC log. Pump block of 400# rock salt & 200# benzoic acid mixed in 300 gals gelled trtd fresh wtr. Anticipate 3 stages acid & 3-4 blocks will be required.

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 4-18-75

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

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