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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.

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 N-35

3. Address of Operator
Box 460 - Hobbs, New Mexico

9. Well No.
7

4. Location of Well

UNIT LETTER **B**, **660** FEET FROM THE **North** LINE AND **1780** FEET FROM

THE **East** LINE, SECTION **35** TOWNSHIP **17-S** RANGE **34-E** NMPM.

10. Field and Pool, or Wildcat
Vacuum Glorieta

15. Elevation *(Show whether DF, RT, GR, etc.)*
4056 DF

12. County
Lea

16.

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK [ ]   PLUG AND ABANDON [ ]

TEMPORARILY ABANDON [ ]

PULL OR ALTER CASING [ ]   CHANGE PLANS [ ]

OTHER **Shut off water** [X]

SUBSEQUENT REPORT OF:

REMEDIAL WORK [ ]   ALTERING CASING [ ]

COMMENCE DRILLING OPNS. [ ]   PLUG AND ABANDONMENT [ ]

CASING TEST AND CEMENT JOB [ ]

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 squeeze open perforations to eliminate communication with the water producing zone, and to reperforate and treat with 500 gallons of acid. The following procedure will be used:

1. Pull pump, tubing and packer.
2. Set ret. Bridge Pump @ 6050 w/sd on top.
3. Run tbg. and squeeze pkr.
4. Squ. w/radioactive cmt.
5. Run log
6. Spot acid and perf. @ 5982, 5988 and 5996, w/4 shots per foot.
7. Swab and test.

Your approval for the proposed work is respectfully requested.

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

SIGNED _[signature]_   TITLE **Staff Supervisor**   DATE **6-17-66**

APPROVED BY _____   TITLE _____   DATE _____

CONDITIONS OF APPROVAL, IF ANY:
NMOCC (3) LPT