A	Part 1 and 1		
NO. OF COPIES RECEIVED		.c.C.	Form C-103
DISTRIBUTION		18. 4.	Supersedes Old C-102 and C-103
ANTA FE	NEW MEXICO DIE CONSERVATION	1 COMMISSION	Effective 1-1-65
TILE	AUG 17 1/ 39	i'll no	
J.S.G.S.	\dashv $\forall \mathcal{A} \mathcal{C} :$,		5a. Indicate Type of Lease
LAND OFFICE	-		State Fee.
OPERATOR			5. State Oil & Gas Lease No.
SUND (DO NOT USE THIS FORM FOR PUSE "TAPPLIC!	PRY NOTICES AND REPORTS ON WELLS ROPOSALS TO BRILL OR TO DEEPEN OR PLUG BACK TO A DIF ATTOM FOR PERMIT — " (FORM C-101) FOR SUCH PROPOSALS	FERENT RESERVOIR.	
OIL GAS WELL WELL	OTHER•		7. Unit Agreement Name
2. Name of Operator			8. Farm or Lease Name
Continental 011	Company		Conta A E
3. Address of Operator	- Compared		9. Well No.
Box 460			2
4. Location of Well			10. Field and Pool, or Wildcat
UNIT LETTERO,	990 FEET FROM THE SOUTH LINE AND		Hobbs Pool
THE EAST LINE, SECT	TION 5 TOWNSHIP 198 RANGE	е <u>38E</u> ммрм	
	15. Elevation (Show whether DF, RT, GR	etc.)	12. County
	3617 DF	, 626.7	
le. Chaolt		N	133 (1)111111
	Appropriate Box To Indicate Nature of I		
NOTICE OF	TENTION TO.	SUBSEQUEN	T REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON REMEDIAL	work	ALTERING CASING
TEMPORARILY ABANDON		DRILLING OPNS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING	<u> </u>	ST AND CEMENT JOB	FEOG AND ABANDONMENT
	OTHER_		
OTHER PB and Recon	plete		
17 Describe Proposed or Completed (Operations (Clearly state all pertinent details, and give		7.7
work) SEE RULE 103.	perations (overly state are periment details, and give	e pertinent dates, including	g estimated date of starting any proposed
oll reserves, it is	the subject well to top also proposed to plug off the Smation, using the following	San Andres for	levelop additional mation and complete
1) full rods, pump	& tubing, set CIBP @ 4.100	o'w/2 sx cat.	
2) Run logs.			
3) Penf. Grayburg.			
	W/500 Gal. acid.		
•			
	gal. lse. crude 35,000# sand		
6) Run in producti	on tubing		
7) Place on Produc	tion.		
Your approval is re	Specifully requested. In above is true and complete to the best of my knowled	dge and belief.	
SIGNED Walk Si	TITLE Staff S	Supervisor	. DATE <u>8-416-56</u>
		en e	
APPROVED BY	TITLE	· · · · · · · · · · · · · · · · · · ·	DATE
CONDITIONS OF APPROVAL, IF AN	Y:		
MMOSC - 5 LPT - 2			