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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 <input checked="" type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. E-1402	

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-10) FOR SUCH PROPOSALS.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- Water Injection Well	7. Unit Agreement Name
2. Name of Operator CONTINENTAL OIL COMPANY	8. Farm or Lease Name Eumont Hardy Unit
3. Address of Operator P. O. Box 460, Hobbs, N.M. 88240	9. Well No. 2
4. Location of Well UNIT LETTER N 660 FEET FROM THE South LINE AND 1980 FEET FROM THE West LINE, SECTION 25 TOWNSHIP 20-S RANGE 37-E NMPM.	10. Field and Pool, or Wildcat Eumont Yates Seven Rivers
15. Elevation (Show whether DF, RT, GR, etc.) 3502' Gr.	12. County Lea

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER Convert to Injection <input type="checkbox"/>

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.

Cleaned out fill w/sand pump to 3810'. Ran Baker Tension Packer on 115 jts. 2 3/8" cmt. lined tubing. Loaded csq w/ treated pkr fluid. Set pkr @ 3609'. Began injection @ rate of 500 BWPD.

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

SIGNED **[Signature]** TITLE **Division Office Manager** DATE **7-2-74**

APPROVED BY **[Signature]** TITLE **[Signature]** DATE **[Signature]**

CONDITIONS OF APPROVAL, IF ANY:

NMOCC-4, Partners-7, File