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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

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.)

OIL WELL ☒ GAS WELL ☐ OTHER- Shut-in

Name of Operator Continental Oil Company

Address of Operator P. O. Box 460, Hobbs, NM 88240

Location of Well

UNIT LETTER F 1988 FEET FROM THE North LINE AND 2,310 FEET FROM THE West LINE, SECTION 2 TOWNSHIP 22-S RANGE 36-E NMPM.

| |
|--|
| 5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/> |
| 5. State Oil & Gas Lease No. <u>B-1534</u> |
| 7. Unit Agreement Name |
| 8. Farm or Lease Name <u>State J-2</u> |
| 9. Well No. <u>8</u> |
| 10. Field and Pool, or Wildcat <u>Corrosion Proofing</u> |
| 12. County <u>Lea</u> |

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

3554' DF

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 JOBS <input type="checkbox"/> | OTHER <u>Scale Chloride, Inhibit & Perforate</u> <input checked="" type="checkbox"/> |

7. 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 to 3862'. Re-perf. same interval from 3847' - 3861'
w/ 2.8 IS (total). Treated with scale inhibition squeeze. Ran tubing,
rod and pump. Placed well on test. Tested uneconomical,
Shut-in.

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

SIGNED: Robert Paul Smith TITLE: Division Office Manager DATE: 12-3-73

PROVED BY: _____ TITLE: _____ DATE: _____

CONDITIONS OF APPROVAL, IF ANY:

1000-4 FILE