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U.S.G.S.	
LAND OFFICE	
OPERATOR	

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.
D-1536

7. Unit Agreement Name

8. Farm or Lease Name
State E

9. Well No.
7

10. Field and Pool or District
**Cumace 7 River
Queen South**

12. County
Yuma

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 ☐

2. Name of Operator
Continental oil Company

3. Address of Operator
Box 460 Hobbs, New Mexico

4. Location of Well
UNIT LETTER **J** **1980** FEET FROM THE **South** LINE AND **1650** FEET FROM
THE **East** LINE, SECTION **17** TOWNSHIP **22S** RANGE **36E** N.M.P.M.

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

3557' gr

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

PERFORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐
OTHER ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐
OTHER ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☒
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOB ☐
OTHER ☐
ALTERING CASING ☐
PLUG AND ABANDONMENT ☐

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.

Set pkr @ 3538'. Pmpd in 1000 gals of formicel. Re-set pkr at 3700'. Pmpd in 250 gals SAF Mark III compound and followed w/10 socks cement. Top of cement plug at 3717'. Placed back on production.

Work Started - 12-28-71

Completed: 1-5-72

Test - before

Pmpd 8 BO and 91 BW in 24 hrs.
32 mcf/g

Test - After

Pmpd no oil and 63 BW
in 24 hrs. 675 mcf/g

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

SIGNED [Signature]

TITLE Admin Supervisor

DATE 1-27-72

Orig. Signed by
Joe D. Ramey
Dist. I, Supv.

JAN 28 1972

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____ DATE _____

1/100005) File