NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
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.

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- WATER INJECTION WELL

7. Unit Agreement Name

2. Name of Operator
CONTINENTAL OIL COMPANY

8. Farm or Lease Name
SOUTH EUNICE UNIT

3. Address of Operator
BOX 460, HOBBS, N.M. 88240

9. Well No.
4

4. Location of Well
UNIT LETTER A, 660 FEET FROM THE NORTH LINE AND 660 FEET FROM THE EAST LINE, SECTION 21 TOWNSHIP 22-E RANGE 36-E NMPM.

10. Field and Pool, or Wildcat
SOUTH EUNICE 7 SEVEN RIVERS QUEEN

15. Elevation (Show whether DF, RT, GR, etc.)
3539' DF

12. County
LEA

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐		COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐	CHANGE PLANS ☐	CASING TEST AND CEMENT JOB ☐	
OTHER SQUEEZE & TREAT ☒		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.

To shut off injection wtr. leaving @ the csg. shoe & above the gas-oil contract & to improve injection efficiency, the following work is proposed. Run csg. insp. log. If csg. good, set plcr. @ 3600' & squeeze w/2,000 gals. Injectrol, then 1,000 gals PWG. SI 36 hrs. Pump Injectrol & PWG @ low rate. Drill out PWG to 3720' & press. test to 750 psi. Drill out & clean out to TD. Treat w/500 gals Halliburton MOD 202 acid. Re-run inj. eqpt.

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

SIGNED [signature] TITLE Sr. ANALYST DATE 6-11-75

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

NMOCC-4, Partners-21, File