

NEW MEXICO OIL CONSERVATION COMMISSION

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OPERATOR		

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 ☐	7. Unit Agreement Name
2. Name of Operator Continental Oil Company	8. Farm or Lease Name M.E. WANTZ
3. Address of Operator P. O. Box 460, Hobbs, New Mexico 88240	9. Well No. 10
4. Location of Well UNIT LETTER <u>K</u> <u>1980</u> FEET FROM THE <u>SOUTH</u> LINE AND <u>1980</u> FEET FROM THE <u>WEST</u> LINE, SECTION <u>21</u> TOWNSHIP <u>21-S</u> RANGE <u>37-E</u> N.M.P.M.	10. Field and Pool, or Wildcat Paddock
15. Elevation (Show whether DF, RT, GR, etc.) <u>3475' DF</u>	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 ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐	OTHER <u>TEST ADD'L. PADDOCK ZONE</u> ☒	CASING TEST AND CEMENT ☐	OTHER <u>TEMP. ABANDON TUBBS GAS ZONE</u> ☒

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 Bridge Plug @ 5415' w/10' cmt. on top to plug off Tubbs).
Perf. w/1/2 ISPF @ 5194', 96', 98', 5204', 06', 08', 56', 58' & 60'.
Spotted 500 gals 28% acid - unable to break down perfs. Re-
perf. same intervals. Acidized w/1500 gals 28% acid. Now
testing from 0 to 1 BOPD. Will continue testing and
possibly perf. additional Paddock intervals based on
log analysis. Work started 12-5-75, not yet completed.

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 1-19-76

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

NMOCC (4), File