

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	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. 3
4. Location of Well UNIT LETTER <u>P</u> <u>510</u> FEET FROM THE <u>SOUTH</u> LINE AND <u>810</u> FEET FROM THE <u>EAST</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.) 3440' DF	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 checked="" 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>ACIDIZE</u> <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.

Set treating pkr. @ 5220'. Spot 2000 gals 15% acid above pkr. Re-set pkr. @ 5070' & swab to clean up. Re-ran prod. egpt. to orig. depth (5325'), place well back on production. Work started 11-11-75, completed 11-12-75. Test Before - no oil, Test After, 53 B0 141 BW 211 MCF GAS in 24 hrs.

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 1-7-76

APPROVED BY _____ TITLE _____ DATE JAN 14 1976

CONDITIONS OF APPROVAL, IF ANY:

None. L. File