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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-

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.
44

4. Location of Well
UNIT LETTER L, 1980 FEET FROM THE SOUTH LINE AND 660 FEET FROM THE WEST LINE, SECTION 28 TOWNSHIP 22-S RANGE 36-E NMPM.

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

15. Elevation (Show whether DF, RT, GR, etc.)
3516 GR

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 Cleanout & Frac ☒ | | 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.

In order to increase production, the following work is proposed: Clean out to 3760' & treat in 2 equal stages as follows: Pump 250 gals 15% acid. Pump 750 gals trtd. fresh wtr. w/30# Guar. gel & 37# "ADOMITE AQUA". Pump 5000 gals trtd. fresh wtr. w/200# Guar gel., 125# "ADOMITE AQUA", 10,000# sand. Pump divert stage of 300 gals gelled trtd fresh wtr. containing 450# rock salt & 300# benzoic acid. Pump 2nd stage of same. Return to prod.

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