

NEW MEXICO OIL CONSERVATION COMMISSION

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SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
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

2. Name of Operator
Continental Oil Company

3. Address of Operator
P. O. Box 460 Hobbs, New Mexico 88240

4. Location of Well
UNIT LETTER F 1980 FEET FROM THE NORTH LINE AND 1830 FEET FROM
THE WEST LINE, SECTION 33 TOWNSHIP T-22S RANGE R-36E N.M.P.M.

7. Unit Agreement Name

8. Farm or Lease Name
SOUTH EUNICE UNIT

9. Well No.
56

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

15. Elevation (Show whether DF, RT, GR, etc.)
3485' GR.

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 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 <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.

The following work is proposed to increase production:
Treat w/ 500 gals 15% acid, 4500 gals total fresh wtr. w/ 225# "ADOMITE AQUA" & 180# Guar (gel). Frac. w/ 20,000 gals total fresh wtr. w/ 400# "ADOMITE AQUA" & 800# Guar (gel), 40,000# 20-40 sand. Clean out & return to production.

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 12-3-75

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

NMOC (5) PARTNERS-16, file