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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Oil
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease State ☒ Fee ☐
5. State Oil & Gas Lease No. E-6622
7. Unit Agreement Name
8. Farm or Lease Name North E/ May Unit
9. Well No. 54
10. Field and Pool, or Wildcat E/ May Delaware
12. County Lee

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 Inj. Well
2. Name of Operator Continental Oil Company
3. Address of Operator Box 460, Hobbs, N.M. 88240
4. Location of Well UNIT LETTER F 2108 FEET FROM THE West LINE AND 543 FEET FROM THE South LINE, SECTION 36 TOWNSHIP 26-S RANGE 32-E N.M.P.M.
15. Elevation (Show whether DF, RT, GR, etc.) 3102' DF

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐
PULL OR ALTER CASING ☐	OTHER Repair Casing Leak ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐	ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOBS ☐	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.

IT IS Proposed TO Repair A Suspected Casing Leak AS Follows: Load The Hole with Treated Fresh Water and Pull Tbg. + Pkr. Go IN Hole with Pkr + RBP and Pressure Test The CSS TO 1000 PSI IN 500' INTERVALS. IF The Hole is Located within 1000' OF Surface, Back CSS OFF 2 Joints Below Hole and Replace The Bad Joints. IF The Hole is Deeper Than 1000' Squeeze AS Follows: With The RBP Set AT 4570' and The Squeeze Pkr Set $\pm$ 300' Above The Hole Squeeze w/ 150 3X CHSS "C" CMT and 2% CACL₂. Displace CMT Below Pkr + Shut-IN overnight, Drill out CMT and Circulate Hole. Pressure Test Squeeze Hole TO 500 PSI. Retrieve Bridge Plug. Re-run Inj. Tbg + Pkr. and Return to Injection.

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

SIGNED Brian A. Lee TITLE Admin. Supervisor DATE 10-6-77

APPROVED BY [Signature] TITLE Partner DATE 10-6-77
CONDITIONS OF APPROVAL, IF ANY: NMOC-4, Partners-15, File