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NEW MEXICO OIL CONSERVATION COMMISSION

HOBBS OFFICE O. C. C.

MAY 7 10 30 AM '69

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

5a. Indicate Type of Lease: State [X] Fee [ ]

5. State Oil & Gas Lease No.: E 5896-1

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 [X] OTHER-

7. Unit Agreement Name: Bell Lake

2. Name of Operator: Continental Oil Company

8. Farm or Lease Name: Bell Lake Unit

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

9. Well No.: 4 (Dev. a/c 1)

4. Location of Well: UNIT LETTER F, 1980 FEET FROM THE north LINE AND 1980 FEET FROM THE west LINE, SECTION 6 TOWNSHIP 24-S RANGE 34-E NMPM.

10. Field and Pool, or Wildcat: Bell Lake Devonian

15. Elevation (Show whether DF, RT, GR, etc.): 3615' DF

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 [X]	ALTERING CASING [ ]
TEMPORARILY ABANDON [ ]		COMMENCE DRILLING OPNS. [ ]	PLUG AND ABANDONMENT [ ]
PULL OR ALTER CASING [ ]	CHANGE PLANS [ ]	CASING TEST AND CEMENT JOB [ ]	
OTHER [ ]		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.

The following remedial work was performed on this well.

Treated perfs from 14,736 to 14,938' with 1500 gals 15% LSTNE. Flushed perfs with 57 bbls. produced water. Placed well back on production. This completes the remedial work. Due to the favorable results from the acid job, this well will not be squeezed at this time.

Tested 3.5 MMCFG on 1-28-69; tested after acid job 6.2 MMCFG with 25/64 choke on 4-29-69

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

SIGNED M. E. Yeakley TITLE Adm. Section Chief DATE 5-5-69

APPROVED BY [signature] TITLE [ ] DATE [ ]

CONDITIONS OF APPROVAL, IF ANY: