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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 [X] Fee [ ]

5. State Oil & Gas Lease No.
B-2657

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 [X] GAS WELL [ ] OTHER.

7. Unit Agreement Name

2. Name of Operator
CONTINENTAL OIL COMPANY

8. Farm or Lease Name
STATE A-2

3. Address of Operator
Box 460, HOBBS, N. M. 88240

9. Well No.
1

4. Location of Well
UNIT LETTER O, 660 FEET FROM THE SOUTH LINE AND 1980 FEET FROM THE EAST LINE, SECTION 2 TOWNSHIP 25-S RANGE 37-E NMPM.

10. Field and Pool, or Wildcat
LANGLIE MATTIX (

15. Elevation (Show whether DF, RT, GR, etc.)
3137' 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 [ ]	ALTERING CASING [ ]
TEMPORARILY ABANDON [ ]		COMMENCE DRILLING OPNS. [ ]	PLUG AND ABANDONMENT [ ]
PULL OR ALTER CASING [ ]	CHANGE PLANS [ ]	CASING TEST AND CEMENT JOB [ ]	
OTHER [ ]		OTHER RECOMPLETE IN LANGLIE MATTIX [X]	

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.

Fished tubing. Set retainer in 5" Liner @ 4162'. Squeeze perfs 4770'-4854' w/150 sks. Class "C" cmt. Left 15' cmt. on top of retainer. Perf 5" Liner 3190', 3206', 20', 39, 52', 62', 75', 92' & 3313 w/1 JSPF. Acidized w/1800 gals 15% NEHCL Acid. Pmpd 3000 gals gelled pad & 20,000 gals gelled wtr. w/40,000 # Sand. Swabbed dry. No commercial production. Well shut-in.

Work started 5-19-75, completed 5-27-75

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 6-9-75

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

NMOCC-4, File