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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 <input checked="" type="checkbox"/> <input type="checkbox"/>
5b. 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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator Continental Oil Company	8. Form of Lease (Date) State A
3. Address of Operator Box 460, Hobbs, New Mexico	9. Well No. 2
4. Location of Well UNIT LETTER <u>C</u> <u>752</u> FEET FROM THE <u>North</u> LINE AND <u>2092</u> FEET FROM THE <u>West</u> LINE, SECTION <u>5</u> TOWNSHIP <u>24S</u> RANGE <u>38E</u> N.M.P.M.	10. Field and Pool, or Union State Line Ellenburger
11. Elevation (Show whether DF, RT, CR, etc.) 3300 Est DF	12. County Lea

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK	<input type="checkbox"/>
TEMPORARILY ABANDON	<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>
OTHER	<input type="checkbox"/>
PLUG AND ABANDON	<input type="checkbox"/>
CHANGE PLANS	<input type="checkbox"/>

SUBSEQUENT REPORT OF:

REMEDIAL WORK	<input type="checkbox"/>
COMMENCE DRILLING OPNS.	<input type="checkbox"/>
CASING TEST AND CEMENT JOB	<input checked="" type="checkbox"/>
OTHER	<input type="checkbox"/>
ALTERING CASING	<input type="checkbox"/>
PLUG AND ABANDONMENT	<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.

Spudded @ 9:00 a.m. 10-5-65. Drilled to 425' - (Redbed). Ran 14 joints (433') 13 3/8" J-55 casing. Set at 425'. Cemented with 300 sx Class "C" Cement W/4% gel and 2% cal chl. Plug down @ 12:30 A.M. 10-6-65. Cement circulated.

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

SIGNED W. R. Stephens

TITLE Staff Supervisor

DATE 10-7-65

APPROVED BY [Signature]
CONDITIONS OF APPROVAL, IF ANY:
NMOCC-5, SLO File

TITLE _____ DATE _____

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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-101
Revised 1-1-65

5A. Indicate Type of Lease
STATE ☒ FEDERAL ☐

5. State Oil & Gas Lease No.

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work

DRILL ☒

DEEPEN ☐

PLUG BACK ☐

1b. Type of Well

OIL ☒

GAS ☐

OTHER

SINGLE ZONE ☒

MULTIPLE ZONE ☐

2. Name of Operator

Continental Oil Company

3. Address of Operator

P. O. Box 460, Hobbs, New Mexico

4. Location of Well

UNIT LETTER C LOCATED 752 FEET FROM THE North LINE

2032' FEET FROM THE West LINE OF SEC. 5 TWP. 24S RGE. 38E NMDM

7. Unit Agreement Name

8. Firm or Lease Name

State A

9. Well No.

2

10. Field and Pool, or Wildcat

State Line Ellenburg-

12. County

Lea

19. Proposed Depth

12,400

19A. Formation

Ellenburger

20. Rotary or C.T.

Rotary

21. Elevations (Show whether DP, RT, etc.)

3,300' EST DF

21A. Kind & Status Plug, Bond

21B. Drilling Contractor

Lowe Drlg Co.

22. Approx. Date Work will start

10-4-65

PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
1" 1/2"	13 3/8"	48	400'	300	circ.
1 1/8"	8 5/8"	32	3500'	550	3000
9 7/8"	5 1/2"	17 & 20#	12,400'	500	11,200

It is proposed to drill a well at the above location and complete in the Ellenburger formation.

The well will be drilled and completed according to NMOC requirements.

Your approval to drill the above well, and to produce it upon completion is requested.

IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM; IF PROPOSAL IS TO DEEPEN OR PLUG BACK, GIVE DATA ON PRESENT PRODUCTIVE ZONE AND PROPOSED NEW PRODUCTION ZONE; GIVE BLOWOUT PREVENTER PROGRAM, IF ANY.

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

Signed _____ Title Staff Supervisor Date 9-29-65

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

NMOC-5, SLO File