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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"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. <u>E-8527</u>

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. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER-	7. Unit Agreement Name
2. Name of Operator <u>Continental Oil Company</u>	8. Farm or Lease Name <u>State KG-36</u>
3. Address of Operator <u>Box 460 Hobbs, New Mexico</u>	9. Well No. <u>1</u>
4. Location of Well UNIT LETTER <u>N</u> <u>660'</u> FEET FROM THE <u>South</u> LINE AND <u>16.50'</u> FEET FROM THE <u>West</u> LINE, SECTION <u>36</u> TOWNSHIP <u>24 S</u> RANGE <u>36 E</u> NMPM.	10. Field and Pool, or Wildcat Lease <u>Yankee Mac 11/11/11</u>
15. Elevation (Show whether DF, RT, GR, etc.) <u>3256 gr</u>	12. County <u>Lea</u>

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

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

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input checked="" type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER <u>Water Shut-off</u> <input checked="" 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 12 1/4" hole on 7-20-71. Ran 8 5/8", 20# casing and set at 507'. Cemented w/200 SKS Class C w/ 490 gel and 100 socks Class C w/ 290 CaCl. Cement circulated. WOC 24 hours. Tested casing at 1000 # for 30 minutes. Held OK.

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

SIGNED [Signature] TITLE Admin Supervisor DATE 7-23-71

APPROVED BY [Signature] TITLE SUPERVISOR DATE JUL 28 1971

CONDITIONS OF APPROVAL, IF ANY:

None (6) file

RECEIVED

JUL 27 1971

OLSON, J. L. 1.
HOLMES, J. L.