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LAND OFFICE		
OPERATOR		

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 Fee

5. State Oil & Gas Lease No.
B 9683

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

2. Name of Operator
Continental Oil Company

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

4. Location of Well
UNIT LETTER **H**, **1980** FEET FROM THE **North** LINE AND **660** FEET FROM THE **East** LINE, SECTION **11** TOWNSHIP **16-5** RANGE **32-E** N.M.P.M.

7. Unit Agreement Name

8. Farm or Lease Name
Anderson Ranch Unit

9. Well No.
10

10. Field and Pool, or Wildcat
Anderson Ranch Waterflood

11. Elevation (Show whether DF, RT, GR, etc.)
4308' DF

12. County
Rea

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

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUS AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUS AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER Shut In <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.

Status of Well: **Shut-in**
Approximate date that temp. aban. commenced: **5-1-69**
Reason for temp. aban.: **uneconomic**
Future plans for Well: **evaluating a Waterflood**

Expires 11/1/75

Approximate date of future W.O. or plugging: **4th QTR, 1975**

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

SIGNED **Robert H. Mott III** TITLE **Division Office Manager** DATE **10/30/74**

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:
NMOCC-4, Paragraph 5, File