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LAND OFFICE	
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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 FED. ~~Prop.~~

5. 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 - 1" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER- <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator CONTINENTAL OIL CO.	8. Farm or Lease Name MEYER B-8
3. Address of Operator P.O. BOX 460, HOBBS	9. Well No. 4
4. Location of Well UNIT LETTER D 660 FEET FROM THE NORTH LINE AND 660 FEET FROM THE WEST LINE, SECTION 8 TOWNSHIP 21-5 RANGE 36-E NMPM.	10. Field and Pool, or Wildcat EDNICE - MONUMENT OIL EUMONT GAS
15. Elevation (Show whether DF, RT, GR, etc.) 3589' DI	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 <input type="checkbox"/>	PLUG 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"/>	PLUG 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 SET BRIDGE PLUG - <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.

June 15, 1973, ran and set a retrievable bridge plug at 3551' between the Ednise monument oil and Eumont gas. Set 2 7/8" tbg at 3525 and placed Eumont gas zone on production.

Respectfully, request permission to exempt this well from the packer leakage test.

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

SIGNED *[Signature]* TITLE Adm. Supervisor DATE 9-20-73

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:
n.m.o.c.c. 3 7:6