

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
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-2656

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 **9**, **1650** FEET FROM THE **South** LINE AND **1650** FEET FROM THE **East** LINE, SECTION **7** TOWNSHIP **19-S** RANGE **37-E** NMPM.
10. Field and Pool, or Wildcat
Elmer Monument (G-SA)

7. Unit Agreement Name

8. Farm or Lease Name
State KV7

9. Well No.
1

15. Elevation (Show whether DF, RT, GR, etc.)
3217' 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"/>	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 JOBS <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: **4-1-64**
 Reason for temp. aban.: **Uneconomic**
 Future plans for Well: **Holding for secondary recovery operations.**

Expires 11/1/75

Approximate date of future W.O. or plugging: **Fall, 1976**

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

SIGNED [Signature] TITLE Division Office Manager DATE 10/30/75

APPROVED BY _____ TITLE _____ DATE _____