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NEW MEXICO OIL CONSERVATION COMMISSION

Oct 29 11 49 AM '65

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.

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. Farm or Lease Name State A-5
3. Address of Operator Box 460, Hobbs, New Mexico	9. Well No. 1
4. Location of Well UNIT LETTER J , 1980 FEET FROM THE South LINE AND 1980 FEET FROM THE East LINE, SECTION 5 TOWNSHIP 19S RANGE 38E NMPM.	10. Field and Pool, or Wildcat 140665 San Andres
15. Elevation (Show whether DF, RT, GR, etc.) 3612 GL	12. County Lea

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 _____		OTHER Installation of Artificial Lift Equip <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.

State A-5 #1 was dead and unable to flow. A test pumping unit had been installed and the well last tested 38 BO, 10 BW in 24 hours. A 57-D pumping unit was installed on or about 5-27-65.

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

SIGNED: HAL R. STEPHENS

SIGNED _____ TITLE **Staff Supervisor** DATE **10-28-65**

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

NMOCC-5 IPT