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NEW MEXICO OIL CONSERVATION COMMISSION

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OIL CONSERVATION COMM.
SANTA FE

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. L-2604

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- Dry hole

CHANGE OK GC

7. Unit Agreement Name

2. Name of Operator
Continental Oil Company

8. Farm or Lease Name
Knight

3. Address of Operator
Box 460, Hobbs, New Mexico

9. Well No. 1

4. Location of Well
UNIT LETTER F, 1980 FEET FROM THE North LINE AND 1980 FEET FROM THE West LINE, SECTION 29 TOWNSHIP 6N RANGE 24E NMPM.

10. Field and Pool, or Wildcat
Wildcat

15. Elevation (Show whether DF, RT, GR, etc.)
4529' GR

12. County
Eddy

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐		COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☒
PULL OR ALTER CASING ☐	CHANGE PLANS ☐	CASING TEST AND CEMENT JOB ☐	
OTHER ☐		OTHER ☐	

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.

This well was plugged and abandoned by the following procedures. Set cement plugs as follows: 50 sacks from 1520' to 1285'; 50 sacks from 1085' to 850'; 50 sacks from 485' to 250' and 10 sacks from 40' to surface. Installed dry hole marker. Restored location for inspection.

Note: Verbal approval was obtained from your office to perform this work.

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

SIGNED [signature] TITLE Administrative Supervisor DATE 12-14-71

APPROVED BY [signature] TITLE Oil & Gas Inspector, Dist. II DATE 8/29/72

CONDITIONS OF APPROVAL, IF ANY: