

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.

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	7. Unit Agreement Name
2. Name of Operator Continental Oil Company	8. Farm or Lease Name Berry 34
3. Address of Operator Box 460, Hobbs, New Mexico	9. Well No. 1
4. Location of Well UNIT LETTER <u>N</u> , <u>660</u> FEET FROM THE <u>South</u> LINE AND <u>1980</u> FEET FROM THE <u>West</u> LINE, SECTION <u>34</u> TOWNSHIP <u>11-S</u> RANGE <u>38-E</u> N.M.P.M.	10. Field and Pool, or Wildcat Wolfcamp
11. Elevation (Show whether DF, RT, GR, etc.) 3880 DF	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 ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☒
PULL OR ALTER CASING ☐	OTHER ☐	CASING TEST AND CEMENT JOBS ☐	

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 1105.

The subject well was plugged and abandoned using the following procedure:

Pld 2" tbg. and pkr. Set CIBP @ 9425 W/15' cmt on top. Cut 5 1/2" csg @ 5182. Pld 147 jts. Set 50 sx plug @ 5022-5207, 50 sx plug 4278-4458 Cut 9 5/8" csg @ 1122. Pld 32 jts & set following plugs; 50 sx plug 1069-1151, 40 sx plug 351-412, 10 sx plug 0 -15'. Erect 4" X 4' high steel marker W/name and location inscribed thereon and restored the location as nearly as possible to its original condition. Well permanently P&A 5-10-65.

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

SIGNED: ROBERT CAULT III

SIGNED _____ TITLE Staff Supervisor DATE 5-11-65

APPROVED BY John W. Runyan TITLE _____ DATE 5-13-65
CONDITIONS OF APPROVAL, IF ANY: