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NEW MEXICO OIL CONSERVATION COMMISSION

BS OFFICE O. C. C.
 Mar 18 12 5
 Form C-103
 Supersedes Old
 C-102 and C-103
 Effective 1-1-65

5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. B 6846
7. Unit Agreement Name
8. Farm or Lease Name State M-20
9. Well No. 1
10. Field and Pool, or Wildcat Grayburg Jackson
12. County Eddy

SUNDRY NOTICES AND REPORTS ON WELLS
 (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DEEPER PERMIT REVENUE STR. USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS)

RECEIVED

1. OIL WELL ☐ GAS WELL ☒ OTHER-
 2. Name of Operator
Continental Oil Company
 3. Address of Operator
Box 460, Hobbs, New Mexico
 4. Location of Well
UNIT LETTER G, 1980 FEET FROM THE North LINE AND 1980 FEET FROM THE East LINE, SECTION 20 TOWNSHIP 17S RANGE 29E NMPM.
 15. Elevation (Show whether DF, RT, GR, etc.)
3613' DF

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
 NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☒
 TEMPORARILY ABANDON ☐
 PULL OR ALTER CASING ☐ CHANGE PLANS ☐
 OTHER ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
 COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
 CASING TEST AND CEMENT JOB ☐
 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.

The subject well was completed on 10-18-56 at a TD of 2848', PB 2495', for an IP of 255 MCFGPD.

The well is currently operating at a loss and the present intervals have been sufficiently stimulated to evaluate the entire section. No further remedial work can be justified in attempting to establish commercial production from the Grayburg or San Andres and the well is not in mechanical condition to deepen.

It is proposed to abandon this well, using the following procedure: 1) Place 130' plug across Grayburg perms (2220-2250) and at surface with 10# mud between intervals. Erect marker and restore location to original condition.

Subsequent report will be submitted upon completion.

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

SIGNED: HAL R. STEPHENS TITLE: Staff Supervisor DATE: 3-17-66

APPROVED BY: W. A. Gressett TITLE: DATE: MAR 21 1966

CONDITIONS OF APPROVAL, IF ANY:

NMOCC-5. SLO-2 File

