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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 <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. B-8096

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 Anadarko Production Company	8. Farm or Lease Name Continental State
3. Address of Operator P. O. Box 67, Loso Hills, New Mexico 88255	9. Well No. 5
4. Location of Well UNIT LETTER M 330 FEET FROM THE South LINE AND 330 FEET FROM THE West LINE, SECTION 10 TOWNSHIP 19S RANGE 29E NMPM.	10. Field and Pool, or Wildcat Turkey Track Queen-6
15. Elevation (Show whether DF, RT, GR, etc.) 3362' 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 <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>
OTHER <input type="checkbox"/>	OTHER Activate <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.

An electric motor was set and this well activated 11-25-77.

It had been on T. A. Status since 11-15-74.

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

SIGNED **Jerry E. Buckles** TITLE **Area Supervisor** DATE **Jan. 23, 1978**

APPROVED BY **W. A. Gussett** TITLE **SUPERVISOR, DISTRICT II** DATE **JAN 26 1978**

CONDITIONS OF APPROVAL, IF ANY: