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LAND OFFICE		
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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 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
2. Name of Operator: Continental Oil Company
3. Address of Operator: Box 460, Hobbs, New Mexico
4. Location of Well: UNIT LETTER H 1492 FEET FROM THE North LINE AND 560 FEET FROM THE East LINE, SECTION 6 TOWNSHIP 21S RANGE 37E N.M.P.M.
15. Elevation (Show whether DF, RT, GR, etc.): 3463' gr

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OIL CONSERVATION COMM.
SANTA FE

7. Unit Agreement Name: Eumant Hardy
8. Farm or Lease Name: Eumant Hardy Unit
9. Well No.: 48
10. Field and Pool, or Wildcat: Eumant Gates 7 Pools
12. County: Lea

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 checked="" type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input checked="" type="checkbox"/>
OTHER <input type="checkbox"/>	OTHER <input type="checkbox"/>
PLUG AND ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
CHANGE PLANS <input type="checkbox"/>	PLUG AND ABANDONMENT <input 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.
Spudded 12 1/4" hole on 9-3-71. Drld to 518'. Ran 8 5/8" 20# casing and set at 518'. Cemented w/ 200 SKS class 'C' cement w/ 490 gal and 100 sacks class 'C' w/ 25% CaCl2. Cement circulated, WOC 24 hours. Tested 8 5/8" casing to 1000 # for 30 minutes. Held OK.

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: 9-16-71
APPROVED BY: [Signature] TITLE: SUPERVISOR DISTRICT I DATE: SEP 20 1971
CONDITIONS OF APPROVAL, IF ANY: