

NEW MEXICO OIL CONSERVATION COMMISSION

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SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

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- Temporarily Shut In
 2. Name of Operator Continental Oil Company
 3. Address of Operator Box 460, Hobbs, New Mexico
 4. Location of Well
 UNIT LETTER K 1980 FEET FROM THE South LINE AND 1980 FEET FROM
 THE West LINE, SECTION 33 TOWNSHIP 18-S RANGE 37-E NMPM.
 7. Unit Agreement Name
 8. Farm or Lease Name State C-33
 9. Well No. 3
 10. Field and Pool, or Wildcat Eumont Pool
 15. Elevation (Show whether DF, RT, GR, etc.) 3716 DF
 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"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER <u>Temporarily Shut In</u> <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.

At this time we have no plans to alter the status of this well.
 Another form will be filed in May, 1965, unless we develop additional plans prior to filing.

NMOCC-3, SLO JM

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

SIGNED ROBERT GAULT III TITLE Staff Supervisor DATE 1-5-65

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: