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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

69 MAR 10 AM 10 38

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG WELL IN A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL ☐ GAS WELL ☐ OTHER- <u>Water Injection Well</u>	5a. Indicate Type of Lease State ☐ Fee ☒
2. Name of Operator <u>Continental Oil Company</u>	5. State Oil & Gas Lease No.
3. Address of Operator <u>P. O. Box 460, Hobbs, New Mexico 88240</u>	7. Unit Agreement Name <u>Cumond - Hardy</u>
4. Location of Well UNIT LETTER <u>S</u> <u>2310</u> FEET FROM THE <u>South</u> LINE AND <u>2310</u> FEET FROM THE <u>W</u> LINE, SECTION <u>6</u> TOWNSHIP <u>21-S</u> RANGE <u>37-E</u> NEPM.	8. Farm or Lease Name <u>Cumond - Hardy Unit</u>
15. Elevation (Show whether DP, RT, GR, etc.) <u>3509' BHE</u>	9. Well No. <u>97</u>
	10. Field and Pool, or Wildcat <u>Converted E-H-F-Field</u>
	12. County <u>Lea</u>

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐

OTHER ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐
COMMENCE DRILLING OPER. ☐
CASING TEST AND CEMENT JOB ☐

ALTERING CASING ☐
PLUG AND ABANDONMENT ☐

OTHER Convert to W/W ☒

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.

This well was converted to a water injection well by the following procedure.

Cleaned out from 3663 to 3773'. Ran GR/H & caliper log. Ran cement lined tubing and packer. Set packer at 3430' with tail pipe set at 3728'. Placed well on injection. Tested injection with 250 BWPD at 1,000# pressure.

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

SIGNED M. E. Yeakley TITLE Asst. Section Chief DATE 3-3-69
APPROVED BY [Signature] TITLE SUPERVISOR DISTRICT 9 DATE
CONDITIONS OF APPROVAL, IF ANY: