

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
OPERATOR		

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 <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- <u>Injection Well</u>	7. Unit Agreement Name <u>Euclid Hardy Unit</u>
2. Name of Operator <u>CONTINENTAL OIL COMPANY</u>	8. Farm or Lease Name <u>Euclid Hardy Unit</u>
3. Address of Operator <u>P. O. Box 460, Hobbs, N.M. 88240</u>	9. Well No. <u>38</u>
4. Location of Well UNIT LETTER <u>I</u> , <u>3300</u> FEET FROM THE <u>NORTH</u> LINE AND <u>660</u> FEET FROM THE <u>East</u> LINE, SECTION <u>6</u> TOWNSHIP <u>21-S</u> RANGE <u>27-E</u> NMPM.	10. Field and Pool, or Wildcat <u>Euclid Hardy Unit</u>
15. Elevation (Show whether DF, RT, GR, etc.) <u>3502 DF</u>	12. County <u>LEA</u>

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>Temporary 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.

Well was returned to injection after water flow problems
in Area were corrected. Date returned to injection
6-30-77

Number (3) Partners (7) File

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

SIGNED <u>Ben A. Lee</u>	TITLE <u>Administrative Supervisor</u>	DATE <u>3-14-78</u>
APPROVED BY <u>[Signature]</u>	TITLE <u>SUPERVISOR DISTRICT I</u>	DATE <u>MAR 17 1978</u>
CONDITIONS OF APPROVAL, IF ANY:		