

|            |  |  |
|------------|--|--|
| DATE       |  |  |
| LC         |  |  |
| S.G.S.     |  |  |
| WID OFFICE |  |  |
| OPERATOR   |  |  |

# NEW MEXICO OIL CONSERVATION COMMISSION

C-102 and C-103  
Effective 1-1-65

|                                                                        |
|------------------------------------------------------------------------|
| 5a. Indicate Type of Lease                                             |
| State <input type="checkbox"/> Fee <input checked="" type="checkbox"/> |
| 5. State Oil & Gas Lease No.                                           |

## SUNDRY NOTICES AND REPORTS ON WELLS

DO NOT USE THIS FORM FOR APPLICATIONS TO DRILL OR RE-OPEN OR PUMP BACK TO A DIFFERENT RESERVOIR.  
USE "APPLICATION FOR PERMIT TO DRILL OR RE-OPEN OR PUMP BACK TO A DIFFERENT RESERVOIR."

|                                                  |                                                                       |                            |
|--------------------------------------------------|-----------------------------------------------------------------------|----------------------------|
| OIL WELL <input type="checkbox"/>                | GAS WELL <input type="checkbox"/>                                     | OTHER- Injection Well      |
| Name of Operator<br>Continental Oil Company      |                                                                       |                            |
| Address of Operator<br>Box 460, Hobbs N.M. 88240 |                                                                       |                            |
| Location of Well                                 |                                                                       |                            |
| UNIT LETTER <u>Q</u>                             | <u>3300</u> FEET FROM THE <u>South</u> LINE AND <u>1980</u> FEET FROM |                            |
| THE <u>EAST</u> LINE, SECTION <u>6</u>           | TOWNSHIP <u>21-S</u>                                                  | RANGE <u>37-E</u> N.M.P.M. |

|                                                       |
|-------------------------------------------------------|
| 7. Unit Agreement Name<br>Eumont Hardy Unit           |
| 8. Form of Lease Name<br>Eumont Hardy Unit            |
| 9. Well No.<br><u>44</u>                              |
| 10. Field and Pool, or Wildcat<br>Eumont Yates 7 Rvrs |

|                                                                  |
|------------------------------------------------------------------|
| 15. Elevation (Show whether DF, RT, CR, etc.)<br><u>3489 BHF</u> |
|------------------------------------------------------------------|

|                   |
|-------------------|
| 12. County<br>Lea |
|-------------------|

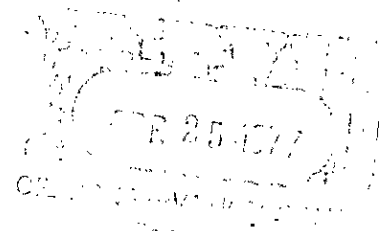
Check Appropriate Box To Indicate Nature of Notice, Report or Other Data  
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

|                                                             |                                                                  |                                                      |                                               |
|-------------------------------------------------------------|------------------------------------------------------------------|------------------------------------------------------|-----------------------------------------------|
| FORM REMEDIAL WORK <input type="checkbox"/>                 | PLUG AND ABANDON <input type="checkbox"/>                        | REMEDIAL WORK <input type="checkbox"/>               | ALTERING CASING <input type="checkbox"/>      |
| PERMANENT ABANDON <input type="checkbox"/>                  |                                                                  | COMMENCE DRILLING OPNS. <input type="checkbox"/>     | PLUG AND ABANDONMENT <input type="checkbox"/> |
| WORK ON ALTER CASING <input type="checkbox"/>               | WORK ON TEST AND CEMENT INFERENCE PLANS <input type="checkbox"/> | CASING TEST AND CEMENT JOBS <input type="checkbox"/> |                                               |
| OTHER Temporary Shut-in <input checked="" type="checkbox"/> |                                                                  | OTHER <input type="checkbox"/>                       |                                               |

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.

Status of Well: Temporary Shut-In  
Approximate date that temp. aban. commenced: 9-23-76  
Reason for temp. aban.: By Order of NMCC due to water flow problems in AREA  
Future plans for well: Waiting on NMCC Ruling

44 Q 6-21S-37E 0045 09-75 IT1



Approximate date of future W.O. or plugging: Indefinite

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

|                          |                             |                         |
|--------------------------|-----------------------------|-------------------------|
| BY <u>B. Diller</u>      | TITLE <u>Sr. Staff Asst</u> | DATE <u>4-14-77</u>     |
| BY <u>John W. Penman</u> | TITLE <u>Geologist</u>      | DATE <u>APR 21 1977</u> |

COPIES OF APPROVAL, IF ANY:

CCC (5) FILE PARTNERS (7)

Expires 4/20/78