

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

APR 15 AM 11 55

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 ☐	5a. Indicate Type of Lease State ☐ Patented ☐ Fee ☐
2. Name of Operator <i>Continental Oil Company</i>	5. State Oil & Gas Lease No.
3. Address of Operator <i>P.O. Box 460, Hobbs, N.M.</i>	7. Unit Agreement Name <i>Eumant Hardy Unit</i>
4. Location of Well UNIT LETTER <i>P</i> <i>3540</i> FEET FROM THE <i>South</i> LINE AND <i>660</i> FEET FROM THE <i>East</i> LINE, SECTION <i>6</i> TOWNSHIP <i>21</i> RANGE <i>37</i> NMPM.	8. Farm or Lease Name <i>Eumant Hardyline</i>
	9. Well No. <i>45</i>
	10. Field and Pool, or Wildcat <i>Eumant</i>
15. Elevation (Show whether DF, RT, GR, etc.) <i>3495 DF</i>	12. County <i>Lea</i>

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 ☐
OTHER ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOBS ☐
OTHER *Repair casing leak* ☒
ALTERING CASING ☐
PLUG AND ABANDONMENT ☐

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.

On 3-23-71 tested casing. Found no leak. Ran prod. equipment and placed well back on prod.

Test: 4-6-71 - pumped 33 BO & 15 BW in 24 hrs.

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

SIGNED <i>W.E. Willey</i>	TITLE <i>Administrative Asst.</i>	DATE <i>4-8-71</i>
APPROVED BY <i>[Signature]</i>	TITLE <i>SUPERVISOR DISTRICT 1</i>	DATE <i>APR 12 1971</i>
CONDITIONS OF APPROVAL, IF ANY: <i>nmccc (4) EHA (9) File</i>		