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# NEW MEXICO OIL CONSERVATION COMMISSION

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

APR 15 1971

|                                |                                                                        |
|--------------------------------|------------------------------------------------------------------------|
| 5a. Indicate Type of Lease     | State <input type="checkbox"/> Fee <input checked="" type="checkbox"/> |
| 5. State Oil & Gas Lease No.   |                                                                        |
| 7. Unit Agreement Name         | <i>Eumont Hardy Unit</i>                                               |
| 8. Farm or Lease Name          | <i>Eumont Hardy 112.1</i>                                              |
| 9. Well No.                    | <i>35</i>                                                              |
| 10. Field and Pool, or Wildcat | <i>Eumont</i>                                                          |
| 12. County                     | <i>San</i>                                                             |

|                                                                                                                                                                                                          |                                                                                                                                                                              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SUNDRY NOTICES AND REPORTS ON WELLS<br>(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 <i>Water Injection Well</i>                                                                                                 |                                                                                                                                                                              |
| 2. Name of Operator                                                                                                                                                                                      | <i>Continental Oil Company</i>                                                                                                                                               |
| 3. Address of Operator                                                                                                                                                                                   | <i>P.O. Box 460, Hobbs, New Mexico</i>                                                                                                                                       |
| 4. Location of Well                                                                                                                                                                                      | UNIT LETTER <i>G</i> <i>1980</i> FEET FROM THE <i>North</i> LINE AND <i>1980</i> FEET FROM THE <i>East</i> LINE, SECTION <i>6</i> TOWNSHIP <i>21S</i> RANGE <i>37E</i> NMPM. |
| 15. Elevation (Show whether DF, RT, GR, etc.)                                                                                                                                                            | <i>3483' GL</i>                                                                                                                                                              |

|                                                                              |                                                      |
|------------------------------------------------------------------------------|------------------------------------------------------|
| 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"/>                               | REMEDIAL WORK <input checked="" type="checkbox"/>    |
| TEMPORARILY ABANDON <input type="checkbox"/>                                 | COMMENCE DRILLING OPNS. <input type="checkbox"/>     |
| PULL OR ALTER CASING <input type="checkbox"/>                                | CASING TEST AND CEMENT JOBS <input type="checkbox"/> |
| OTHER <input type="checkbox"/>                                               | OTHER <i>True</i> <input type="checkbox"/>           |
| PLUG AND ABANDON <input type="checkbox"/>                                    | ALTERING CASING <input type="checkbox"/>             |
| CHANGE PLANS <input type="checkbox"/>                                        | PLUG AND ABANDONMENT <input 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.

*On 4-3-71 - Traced OH 35 30 - 3791  
W/20,000 gals wtr. containing 25# Adomite  
agua", 40# Mangel, 1 gal adomall/1000 gals  
and 1 1/2# sand per gal. Ran pit +  
amt. lined tbg. placed well back on  
injection. Work completed 4-6-71.  
Test: On 4-7-71 injected 502 BW, 1350#  
press, in 24 hrs.*

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

SIGNED *M. E. Shackley* TITLE *Administrative Supervisor* DATE *4-8-71*

APPROVED BY *[Signature]* TITLE *SUPERVISOR DISTRICT* DATE *APR 12 1971*

CONDITIONS OF APPROVAL, IF ANY:  
*nmoc (4) EAU (9) File*