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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 <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 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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- Temporarily Abandoned		7. Unit Agreement Name Eastcap Queen Pool
2. Name of Operator Continental Oil Company		8. Farm or Lease Name Eastcap Queen Pool Unit
3. Address of Operator Box 460, Hobbs, New Mexico		9. Well No. 1
4. Location of Well UNIT LETTER I , 1650 FEET FROM THE South LINE AND 560 FEET FROM THE East LINE, SECTION 22 TOWNSHIP 14S RANGE 31E NMPM.		10. Field and Pool, or Wildcat Caprock Queen Pool
15. Elevation (Show whether DF, RT, GR, etc.) 4397 GR		12. County Chaves

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"/>	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 Temporarily Abandoned <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.

This well is temporarily abandoned and is being studied for use as a possible water injection well. At this time we have no plans to alter the status of this well, Another form will be filed in June, 1965, unless we develop additional plans prior to the filing.

NMOCC-5, SLO JM

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

SIGNED ROBERT GAULT III	TITLE Staff Supervisor	DATE 1-5-65
APPROVED BY 	TITLE	DATE
CONDITIONS OF APPROVAL, IF ANY:		