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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 checked="" type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. B-9683	

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. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER-		7. Unit Agreement Name Anderson Ranch
2. Name of Operator Continental Oil Company		8. Farm or Lease Name Anderson Ranch Unit
3. Address of Operator P. O. Box 460, Hobbs, New Mexico 88240		9. Well No. 6
4. Location of Well UNIT LETTER X 660' FEET FROM THE South LINE AND 660' FEET FROM THE East LINE, SECTION 2 TOWNSHIP 16S RANGE 32E N.M.P.M.		10. Field and Pool, or Wildcat Anderson Ranch Wolfcamp
15. Elevation (Show whether DF, RT, GR, etc.) 4292 CL		12. County Lea

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 ☐
OTHER ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOBS ☐
OTHER **Shut-In** ☒
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 1703.

Status of Well: **Shut-In**
Approximate date that temp. aban. commenced: **3-1-70**
Reason for temp. aban.: **uneconomic**
Future plans for Well: **evaluating a Wolfcamp waterflood**

Expires 11/1/75

Approximate date of future W.O. or plugging: **4TH QTR. 1975**

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

SIGNED **Joe D. Ramey** TITLE **Division Office Manager** DATE **10/30/74**

APPROVED BY **Joe D. Ramey** TITLE **Dist. 1, Supv.** DATE **10/30/74**

CONDITIONS OF APPROVAL, IF ANY:
NMOCC-4 **ADD D.T. 157 214**