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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 ☒ Fee ☐

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 - A" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name <i>Anderson Ranch</i>
2. Name of Operator <i>Continental Oil Company</i>	8. Farm or Lease Name <i>Anderson Ranch Unit</i>
3. Address of Operator <i>P. O. Box 460, Hobbs, New Mexico 88240</i>	9. Well No. <i>15</i>
4. Location of Well UNIT LETTER <i>S</i> <i>1980'</i> FEET FROM THE <i>South</i> LINE AND <i>1980'</i> FEET FROM THE <i>West</i> LINE, SECTION <i>2</i> TOWNSHIP <i>16S</i> RANGE <i>32E</i> NMPM.	10. Field and Pool, or Wildcat <i>Anderson Ranch Wolfcamp</i>
15. Elevation (Show whether DF, RT, GR, etc.) <i>4308' KB</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 ☐

PLUS AND ABANDON ☐  
CHANGE PLANS ☐  
OTHER ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐  
COMMENCE DRILLING OPNS. ☐  
CASING TEST AND CEMENT JOB ☐  
OTHER *Shut-In* ☒  
ALTERING CASING ☐  
PLUS 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: *10-1-69*  
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 *Robert T. Hill* TITLE *Division Office Manager* DATE *10/30/74*

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:  
NMOCC-4 *ADH Dethman (5) File*