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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. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name
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. 3
4. Location of Well UNIT LETTER A 660 FEET FROM THE North LINE AND 660 FEET FROM THE East LINE, SECTION 11 TOWNSHIP 16-S RANGE 32-E NMPM.	10. Field and Pool, or Wildcat Anderson Ranch Wolfcamp
15. Elevation (Show whether DF, RT, GR, etc.) 4318' DF	12. County Per

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 JOBS <input type="checkbox"/>	OTHER <input checked="" type="checkbox"/> Shut In

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: **12-10-71**
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 Gault III** TITLE **Division Office Manager** DATE **10/30/74**

APPROVED BY **Orin Stined by** TITLE **10/30/74**

CONDITIONS OF APPROVAL, IF ANY: