

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

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 -" (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 Anderson Ranch Unit
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. 4
4. Location of Well UNIT LETTER <u>B</u> <u>660</u> FEET FROM THE <u>NORTH</u> LINE AND <u>1980</u> FEET FROM THE <u>EAST</u> LINE, SECTION <u>11</u> TOWNSHIP <u>16-S</u> RANGE <u>32-E</u> NMPM.	10. Field and Pool, or Wildcat Anderson Ranch Wolfcamp
15. Elevation (Show whether DF, RT, GR, etc.) 4315' DF	12. County LRA

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 1103.

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 WOLF CAMP WATER FLOOD

Expires 11-1-76

Approximate date of future W.O. or plugging: 4th qtr. 1976

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

SIGNED B. D. Miller

TITLE Asst. Staff Asst

DATE 10-31-75

APPROVED BY John S. Smith

TITLE Asst. Staff Asst

DATE NOV 10 1975

CONDITIONS OF APPROVAL, IF ANY:

NMOCC-4 PARTNERS (5)