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NEW MEXICO OIL CONSERVATION COMMISSION
SANTA FE, NEW MEXICO

CERTIFICATE OF COMPLIANCE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

FORM C-110
(Rev. 7-60)

FILE THE ORIGINAL AND 4 COPIES WITH THE APPROPRIATE OFFICE

Company or Operator Continental Oil Company				Lease Taylor		Well No. 1	
Unit Letter M	Section 14	Township 17-S	Range 32-E		County Lea		
Pool Maljamar					Kind of Lease (State, Fed Fee) Patented		
If well produces oil or condensate give location of tanks			Unit Letter M	Section 14	Township 17-S	Range 32-E	
Authorized transporter of oil <input checked="" type="checkbox"/> or condensate <input type="checkbox"/> *The Permian Corporation				Address (give address to which approved copy of this form is to be sent) Box 3119 Midland, Texas			
Is Gas Actually Connected? Yes _____ No <u>X</u>							
Authorized transporter of casing head gas <input type="checkbox"/> or dry gas <input type="checkbox"/> *None			Date Connected	Address (give address to which approved copy of this form is to be sent)			

If gas is not being sold, give reasons and also explain its present disposition:

***Permanent tank battery has not been established. Oil will be produced into temporary storage and trucked out. Gas will be vented until a permanent connection is effected.**

REASON(S) FOR FILING (please check proper box)

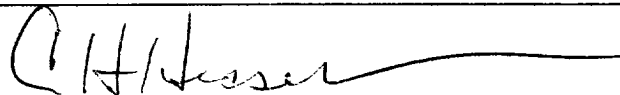
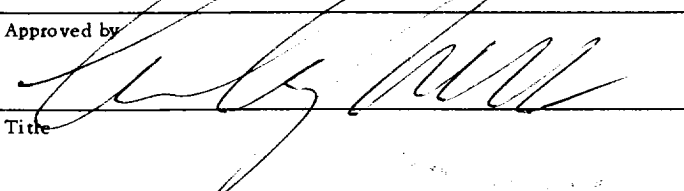
New Well <input checked="" type="checkbox"/>	Change in Ownership <input type="checkbox"/>
Change in Transporter (check one)	Other (explain below)
Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Casing head gas . <input type="checkbox"/> Condensate.. <input type="checkbox"/>	

Remarks

Copies to NMOC-5 WAM SW SLO File

The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.

Executed this the **20** day of **April**, 19 **61**.

OIL CONSERVATION COMMISSION		By 
Approved by 	Title District Superintendent	
Title	Company Continental Oil Company	
Date	Address Rowley Bldg. Artesia, New Mexico	

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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. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER-	7. Unit Agreement Name
2. Name of Operator Conoco Inc.	8. Farm or Lease Name Taylor
3. Address of Operator P. O. Box 460, Hobbs, New Mexico 88240	9. Well No. 1
4. Location of Well UNIT LETTER <u>M</u> <u>660</u> FEET FROM THE <u>South</u> LINE AND <u>660</u> FEET FROM THE <u>West</u> LINE, SECTION <u>14</u> TOWNSHIP <u>17S</u> RANGE <u>32E</u> NMPM.	10. Field and Pool, or Wildcat Maljamar G/SA
15. Elevation (Show whether DF, RT, GR, etc.)	12. County Lea

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 checked="" 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 <input 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 1708.

MIRU. Set pkr @ 1100'. Pump 160 sxs of neat class "C" cement from surface to 950'. Pull up hole to 240' from surface & spot 28 sxs neat class "C" cmt. Spot cmt. pulling up hole. Cut off wellhead. Install dry hole marker & clean location

WILL NEED TO PERF @ 950'

TO BE ATTACHED

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

SIGNED David A. Smylie TITLE Administrative Supervisor DATE 12/13/84

ORIGINAL SIGNED BY JERRY SEXTON

JAN 14 1985

APPROVED BY DISTRICT 1 SUPERVISOR TITLE DATE

RECEIVED

JAN 10 1985

G.C.D.
HODES OFFICE

DEC 11 1984

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