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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 <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. B-2366-1
7. Unit Agreement Name
8. Farm or Lease Name STATE B
9. Well No. 5
10. Field and Pool, or Wildcat MALJ. GRAYBAG. SA.
12. County LEA

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"/>
2. Name of Operator Continental Oil Company
3. Address of Operator P. O. Box 460, Hobbs, New Mexico 88240
4. Location of Well UNIT LETTER I , 1980 FEET FROM THE South LINE AND 660 FEET FROM THE EAST LINE, SECTION 16 , TOWNSHIP 17.5 , RANGE 32-E , NMPM.
15. Elevation (Show whether DF, RT, GR, etc.) 4046' KB

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOBS <input type="checkbox"/>	OTHER SHUT-IN <input checked="" 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 1f03.

Status of Well: **SHUT-IN**

Approximate date that temp. aban. commenced: **8-18-75**

Reason for temp. aban.: **Uneconomic**

Future plans for Well: **review for remedial work**

Exposure 12/1/76

Approximate date of future W.O. or plugging: **3rd quarter 1976**

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

SIGNED *B. Diller* TITLE *Staff Asst* DATE *11-25-75*

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:
NMOCC-4