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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 <input checked="" type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. B 155-5	
7. Unit Agreement Name	
8. Farm or Lease Name MCA Unit	
9. Well No. 12	
10. Field and Pool, or Wildcat Maly. G-Sa-Regen	
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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- Water Injection Well
2. Name of Operator CONTINENTAL OIL COMPANY
3. Address of Operator P. O. Box 460, Hobbs, N.M. 88240
4. Location of Well UNIT LETTER BN 330 FEET FROM THE South LINE AND 2,310 FEET FROM THE West LINE, SECTION 16 TOWNSHIP 17-S RANGE 34-E NMPM.
15. Elevation (Show whether DF, RT, GR, etc.) 4,032' GR

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 Install Casing <input checked="" 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 <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 1103.

It is proposed to install 3,745' of 4 1/2" 9.5# J-55 casing after cleaning out to 4,014' & jet washing. Set D.H. GP at \pm 3,752' w/ 5' of sand on top. Casing to be cemented with 325 sacks Class C cement. Well to be returned to injection.

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

SIGNED *Carl Gault* TITLE Division Office Manager DATE 1-28-74

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

NMOC - 4, MCA - 3, File