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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

10777 10-11-65

5a. Indicate Type of Lease
State Fee

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. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name MCA
2. Name of Operator Continental Oil Company	8. Farm or Lease Name MCA Unit
3. Address of Operator P. O. Box 460, Hobbs, New Mexico	9. Well No. 12
4. Location of Well UNIT LETTER <u>X/11</u> , <u>330</u> FEET FROM THE <u>South</u> LINE AND <u>2310</u> FEET FROM THE <u>West</u> LINE, SECTION <u>16</u> TOWNSHIP <u>17S</u> RANGE <u>32E</u> N.M.P.M.	10. Field and Pool, or Wellbore Baisn Well, Pearsall Field Williamar Pool
15. Elevation (Show whether DF, RT, GR, etc.) 4032 GR	12. County Lea

16. 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"/>	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 <u>Convert to injection</u> <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 1103.

Pulled rods and pump. Tagged bottom w/tubing at 3963'. Pulled tubing. Reran w/Guiberson tension packer. Packer set at 3485'.

Tested tubing w/3000#. Packer set w/14 point tension. Ready for injection.

Workover started 8-4-65. Completed 8-5-65.

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

SIGNED Hal R. Stephens TITLE Staff Supervisor DATE 10-11-65

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: