

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

NEW MEXICO OIL CONSERVATION COMMISSION

Nov 15 8 06 AM '65

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.

SUNDY 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- <u>Injection Well</u>	7. Unit Agreement Name <u>MCA</u>
2. Name of Operator <u>Continental Oil Company</u>	8. Farm or Lease Name <u>MCA Unit</u>
3. Address of Operator <u>P. O. Box 460, Hobbs, New Mexico</u>	9. Well No. <u>10</u>
4. Location of Well UNIT LETTER <u>P</u> <u>250</u> FEET FROM THE <u>East</u> LINE AND <u>250</u> FEET FROM THE <u>South</u> LINE, SECTION <u>16</u> TOWNSHIP <u>17S</u> RANGE <u>32E</u> NMPM.	10. Field and Foot of Well <u>Baish-Maij-Pearsall Fld</u>
15. Elevation (Show whether DF, RT, GR, etc.) <u>4,009' GR</u>	12. County <u>Lea</u>

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 ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐

OTHER Cleanout and Drill ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOBS ☐
OTHER ☐
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.

Because of sand fill, we respectfully request permission to clean out subject well to PBD 4,110' and to drill out to TD 4,128. Upon completion, well will be connected up for water injection.

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

SIGNED [Signature] TITLE Staff Supervisor

DATE 11-11-65

APPROVAL, IF ANY:
File-1

TITLE

DATE