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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 checked="" type="checkbox"/> Fee <input 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. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name <i>East E-K</i>
2. Name of Operator <i>Continental Oil Company</i>	8. Farm or Lease Name <i>East E-K Unit</i>
3. Address of Operator <i>P. O. Box 460, Hobbs, NM 88240</i>	9. Well No. <i>5</i>
4. Location of Well UNIT LETTER <i>C</i> <i>330</i> FEET FROM THE <i>South</i> LINE AND <i>1980</i> FEET FROM THE <i>East</i> LINE, SECTION <i>22</i> TOWNSHIP <i>18S</i> RANGE <i>34E</i> NMPM.	10. Field and Pool, or Wildcat <i>E-K Queen</i>
15. Elevation (Show whether DF, RT, GR, etc.) <i>4011' d.F.</i>	12. County <i>Lea</i>

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 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 <i>conv. to inj.</i> <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 producing equipment from well. Ran
pocket on cement-lined tubing and set @
4507' w/ 11 pts. tension.*

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

SIGNED *[Signature]* TITLE *Sr. Analyst* DATE *5-29-73*

APPROVED BY *[Signature]* TITLE *Dist. I. Supv.* DATE

CONDITIONS OF APPROVAL, IF ANY:

NMOCC-4 FILE *East E-K Unit (12)*