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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 ☒ Fee ☐

5. State Oil & Gas Lease No.  
**B-1535 1/2**

## 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 <b>North Hobbs Unit</b>
2. Name of Operator <b>Continental Oil Company</b>	8. Farm or Lease Name <b>North Hobbs Unit</b>
3. Address of Operator <b>P. O. Box 460, Hobbs, New Mexico 88240</b>	9. Well No. <b>1</b>
4. Location of Well UNIT LETTER <b>D</b> <b>660'</b> FEET FROM THE <b>North</b> LINE AND <b>660'</b> FEET FROM THE <b>West</b> LINE, SECTION <b>13</b> TOWNSHIP <b>18S</b> RANGE <b>37E</b> NMPM.	10. Field and Pool, or Wildcat <b>Undesignated</b>
15. Elevation (Show whether DF, RT, GR, etc.)	12. County <b>Lea</b>

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

PERFORM REMEDIAL WORK ☐  
TEMPORARILY ABANDON ☐  
PULL OR ALTER CASING ☐  
OTHER ☐

PLUG AND ABANDON ☐  
CHANGE PLANS ☐

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 1703.

Status of Well: **Temporarily Abandon**  
Approximate date that temp. aban. commenced: **5-29-61**  
Reason for temp. aban.: **Dry Hole**

Future plans for Well: **Loaned to Dresser Atlas for testing logging instruments.**

**Expires 11/1/75**

Approximate date of future W.O. or plugging: **Indefinite**

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

SIGNED **Robert J. Sullivan** TITLE **Division Office Manager**

DATE **10/30/74**

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:  
NMOCC-4 **File**