

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
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 type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. <i>A-3071</i>	

## 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
2. Name of Operator <i>Continental Oil Company</i>	8. Farm or Lease Name <i>STATE GG-30</i>
3. Address of Operator <i>P. O. Box 460, Hobbs, New Mexico 88240</i>	9. Well No. <i>1</i>
4. Location of Well UNIT LETTER <i>K</i> <i>2310</i> FEET FROM THE <i>South</i> LINE AND <i>1650</i> FEET FROM THE <i>West</i> LINE, SECTION <i>30</i> TOWNSHIP <i>18.5</i> RANGE <i>37-E</i> NMPM.	10. Field and Pool, or Wildcat <i>Goodwin Abo</i>
15. Elevation (Show whether DF, RT, GR, etc.) <i>3739' GR</i>	12. County <i>LRA</i>

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"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input 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 <i>Shut-In</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.

Status of Well: *Shut-In*

Approximate date that temp. aban. commenced: *4-1-69*

Reason for temp. aban.: *uneconomic*

Future plans for Well: *Remedial & recompletion prospects being evaluated*

Approximate date of future W.O. or plugging: *4th qtr 1976*

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

SIGNED *B. O. Miller* TITLE *S. Staff ant* DATE *10-31-75*

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:  
NMOCC-4