

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.

6-3071

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 66-30</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-S</i> RANGE <i>37-E</i> NMPM.	10. Field and Pool, or Wildcat <i>Goodwin Lake</i>
11. Elevation (Show whether DF, RT, GR, etc.) <i>3739' GR</i>	12. County <i>Lea</i>

16. 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"/> TEMPORARILY ABANDON <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> OTHER <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> CASING TEST AND CEMENT JOBS <input type="checkbox"/> OTHER <i>Shut in</i> <input checked="" type="checkbox"/>
PLUS AND ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/> PLUS AND ABANDONMENT <input 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 and recompletion prospects will be evaluated.*

Expires 11/1/75

Approximate date of future W.O. or plugging: *4th QTR 1975*

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

SIGNED *[Signature]* TITLE *Division Office Manager* DATE *10/30/74*

APPROVED BY *[Signature]* TITLE *[Blank]* DATE *[Blank]*

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