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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-103 and C-103 C.C.
Effective 1-1-65

JUN 16 3:48 PM '67

5a. Indicate type of Lease	State <input 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
2. Name of Operator Continental Oil Company	8. Field Antelope Unit
3. Address of Operator P. O. Box 249, Hobbs, New Mexico 88240	9. Well No. 6
4. Location of Well UNIT LETTER I , 1980 FEET FROM THE South LINE AND 660 FEET FROM THE East LINE, SECTION 33 TOWNSHIP 18S RANGE 37E NMPM.	10. Field Antelope Unit
15. Elevation (Show whether DF, RT, GR, etc.)	12. 1

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 JOB <input type="checkbox"/>	OTHER <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.

Well shut in pending development of water flood.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
Original Signed By SIGNED C. L. WADE	Area Superintendent TITLE _____	6-16-67 DATE _____
APPROVED BY _____	TITLE _____	DATE _____
CONDITIONS OF APPROVAL, IF ANY:		