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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 [X] Fee [ ]

5. State Oil & Gas Lease No. B-2657

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 [ ] GAS WELL [X] OTHER-

7. Unit Agreement Name

2. Name of Operator: Continental Oil Company

8. Farm or Lease Name: State A-29

3. Address of Operator: P. O. Box 460, Hobbs, New Mexico 88240

9. Well No. 1

4. Location of Well: UNIT LETTER J, 1650 FEET FROM THE South LINE AND 1650 FEET FROM THE East LINE, SECTION 29 TOWNSHIP 18-S RANGE 38-E NMPM.

10. Field and Pool, or Wildcat: [illegible] Queen Gas

15. Elevation (Show whether DF, RT, GR, etc.) 3645 GR

12. County: Lea

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

- PERFORM REMEDIAL WORK [ ]
- TEMPORARILY ABANDON [ ]
- PULL OR ALTER CASING [ ]
- PLUG AND ABANDON [ ]
- CHANGE PLANS [ ]
- OTHER ______ [ ]

SUBSEQUENT REPORT OF:

- REMEDIAL WORK [ ]
- COMMENCE DRILLING OPNS. [ ]
- CASING TEST AND CEMENT JOB [ ]
- ALTERING CASING [ ]
- PLUG AND ABANDONMENT [ ]
- OTHER Shut-In [X]

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: Permanent Shut In
Approximate date that temp. aban. commenced: 8-1-67
Reason for temp. aban.: This was bradenhead gas used for gas lift and fuel. Well ceased to produce braden head gas.
Future plans for Well: This is a Hobbs G-SA oil well which is being held for secondary Recovery.

Expires 1/1/77

Approximate date of future W.O. or plugging: Unknown

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

SIGNED B. Gillespie TITLE Dist. Off. Asst. DATE 6-22-76

APPROVED BY ______ Supv. TITLE ______ DATE ______

CONDITIONS OF APPROVAL, IF ANY:

NMOCC-4