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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 checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.
7. Unit Agreement Name
8. Farm or Lease Name <i>State A-33</i>
9. Well No. <i>3</i>
10. Field and Pool, or Wildcat <i>Hobbs G-SA</i>
12. County <i>Lea</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"/>
2. Name of Operator <i>Continental Oil Company</i>
3. Address of Operator <i>P. O. Box 460, Hobbs, NM 88240</i>
4. Location of Well UNIT LETTER <i>K</i> <i>2310</i> FEET FROM THE <i>South</i> LINE AND <i>1320</i> FEET FROM THE <i>West</i> LINE, SECTION <i>33</i> TOWNSHIP <i>18S</i> RANGE <i>38E</i> NMPM.
15. Elevation (Show whether DF, RT, GR, etc.) <i>3634' gr</i>

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 checked="" 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 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.

Ran Cement bond log. Perforated w/ 2 1/2" spf @ 4043', 4046' and 4050'. Treated perfs w/ 750 gals 2890 NE acid.

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

SIGNED *[Signature]* TITLE *Sr. Analyst* DATE *6-15-73*

APPROVED BY *Joe D. R. [Signature]*
Dist. 1, Supr.

TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

NMOCC-4 FILE