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NEW MEXICO OIL CONSERVATION COMMISSION

OCT 29 11 43 AM '65

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.	

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. Farm or Lease Name State A-33
3. Address of Operator Box 160, Hobbs, New Mexico		9. Well No. 3
4. Location of Well UNIT LETTER K , 1320 FEET FROM THE West LINE AND 2310 FEET FROM THE South LINE, SECTION 33 TOWNSHIP 18-S RANGE 38-E NMPM.		10. Field and Pool, or Wildcat San Andres
15. Elevation (Show whether DF, RT, GR, etc.) 3635 GL		12. County Los

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"/>

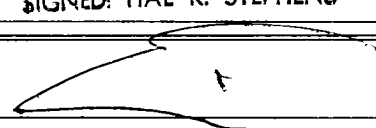
SUBSEQUENT REPORT OF:

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"/> Installation of Artificial Lift Equipment

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.

State A-33 #3 was dead and unable to flow. In order to maintain production a 57-D Pumping unit was installed on or about 9-14-65.

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

SIGNED SIGNED: HAL R. STEPHENS	TITLE Staff Supervisor	DATE 10-28-65
APPROVED BY 	TITLE	DATE
CONDITIONS OF APPROVAL, IF ANY:		