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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

OCT 29 11 43 AM '65

| |
|---|
| 5. 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 State A-33 |
| 9. Well No. 6 |
| 10. Field and Pool, or Wildcat San Andres |
| 15. Elevation (Show whether DF, RT, GR, etc.) 3637 DF |
| 12. County Lea |

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.)

OIL WELL ☒ GAS WELL ☐ OTHER ☐

Name of Operator
Continental Oil Company

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

Location of Well
UNIT LETTER N 660 FEET FROM THE South LINE AND 1980 FEET FROM
THE West LINE, SECTION 33 TOWNSHIP 18S RANGE 38E NMPM.

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"/> | REMEDIAL WORK <input type="checkbox"/> |
| TEMPORARILY ABANDON <input type="checkbox"/> | COMMENCE DRILLING OPNS. <input type="checkbox"/> |
| PULL OR ALTER CASING <input type="checkbox"/> | CASING TEST AND CEMENT JOBS <input type="checkbox"/> |
| OTHER <input type="checkbox"/> | OTHER <u>Installation of Artificial Lift Equipment</u> <input checked="" type="checkbox"/> |
| PLUG AND ABANDON <input type="checkbox"/> | ALTERING CASING <input type="checkbox"/> |
| CHANGE PLANS <input type="checkbox"/> | PLUG 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.

State A-33 #6 was dead and unable to flow. In order to maintain production, a 57-D Pumping Unit was installed on or about 9-20-65.

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

SIGNED Hal R. Stephens TITLE Staff Supervisor DATE 10-28-65

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:
NMMOCC-5 LPT