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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 ☒ Fee ☐

5. State Oil & Gas Lease No.

E-2519

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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- <u>Injection</u>	7. Unit Agreement Name <u>EAST EK Unit</u>
2. Name of Operator <u>Continental Oil Company</u>	8. Farm or Lease Name <u>EAST EK Unit</u>
3. Address of Operator <u>P. O. Box 460, Hobbs, New Mexico 88240</u>	9. Well No. <u>10</u>
4. Location of Well UNIT LETTER <u>L</u> , <u>1650</u> FEET FROM THE <u>South</u> LINE AND <u>990</u> FEET FROM THE <u>WEST</u> LINE, SECTION <u>22</u> TOWNSHIP <u>18-S</u> RANGE <u>34-E</u> NMPM.	10. Field and Pool, or Wildcat <u>EAST EK (Uper)</u>
15. Elevation (Show whether DF, RT, GR, etc.) <u>4019.7 GR</u>	12. County <u>LOA</u>

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 ☐
OTHER ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐
OTHER ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOB ☐
OTHER Shut-In ☒
ALTERING CASING ☐
PLUG AND ABANDONMENT ☐

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: Shut-In

Approximate date that temp. aban. commenced: 9-20-72

Reason for temp. aban.: uneconomic

Future plans for Well: Hold for future use AS WATER injection unit

Expires 11-1-76

Approximate date of future W.O. or plugging: 4th qtr 1976

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

SIGNED B. D. Ollinger TITLE Staff Asst DATE 10-31-75

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:
NMOCC-4 PARTNERS (11)