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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.
B-3196

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 H-35
3. Address of Operator P. O. Box 460, Hobbs, New Mexico 88240	9. Well No. 4
4. Location of Well UNIT LETTER <u>F</u> <u>1980</u> FEET FROM THE <u>North</u> LINE AND <u>1980</u> FEET FROM THE <u>West</u> LINE, SECTION <u>35</u> TOWNSHIP <u>17-S</u> RANGE <u>34-E</u> NMPM.	10. Field and Pool, or Wildcat Vacuum B-5A
15. Elevation (Show whether DF, RT, GR, etc.) <u>4027' DF</u>	12. County Lea

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"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	OTHER <u>Shut in</u> <input checked="" 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.

Status of Well: Shut-in
Approximate date that temp. aban. commenced: 5-1-69
Reason for temp. aban.: mechanical problems
Future plans for Well: remedial job is pending

Expires 11/1/75

Approximate date of future W.O. or plugging: 3rd Qtr. 1975

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

SIGNED [Signature] TITLE Division Office Manager DATE 10/30/74

APPROVED BY [Signature] TITLE DATE

CONDITIONS OF APPROVAL, IF ANY:
NMOCC-4, File