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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. 7
4. Location of Well UNIT LETTER B 660 FEET FROM THE North LINE AND 1780 FEET FROM THE East LINE, SECTION 35 TOWNSHIP 17-S RANGE 34-E NMPM.	10. Field and Pool, or Wildcat Vacuum Area North
15. Elevation (Show whether DF, RT, GR, etc.) 4056' DF	12. County Lea

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"/>	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 JOB <input type="checkbox"/>	OTHER Shut in <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: **7-1-71**
 Reason for temp. aban.: **uneconomic**
 Future plans for Well: **study for remedial or recompletion work**

Expires 11/1/75

Approximate date of future W.O. or plugging: **4th QTR. 1975**

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

SIGNED *Robert D. Bunch III* TITLE Division Office Manager DATE 10/30/74

APPROVED BY Joe D. Ramey TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:
NMOCC-1 5.11