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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.

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 <i>Rock Sanderson Unit</i>
3. Address of Operator P. O. Box 460, Hobbs, New Mexico 88240	9. Well No. <i>21</i>
4. Location of Well UNIT LETTER <i>F</i> , <i>1980</i> FEET FROM THE <i>North</i> LINE AND <i>1980</i> FEET FROM THE <i>West</i> LINE, SECTION <i>10</i> TOWNSHIP <i>20-S</i> RANGE <i>36-E</i> NMPM.	10. Field and Pool, or Wildcat <i>Summit Gates</i> <i>Summit Gates</i>
15. Elevation (Show whether DF, RT, GR, etc.) <i>3594' DF</i>	12. County <i>Lea</i>

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 ☐

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOBS ☐
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: *4-5-74*
Reason for temp. aban.: *Uneconomic*

Future plans for Well:

Hold for possible future use as an injection well.

Expires 11/1/75

Approximate date of future W.O. or plugging: *Fall 1976*

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

SIGNED *John T. Smith* TITLE *Division Office Manager* DATE *10/30/74*

APPROVED BY *Joe D. Smith* TITLE *Dist. Mgr.* DATE *11/1/74*

CONDITIONS OF APPROVAL, IF ANY:
NMOCC-4. *Part No. 3 10 File*