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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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- <u>Water Injection</u>	7. Unit Agreement Name
2. Name of Operator <u>Continental Oil Company</u>	8. Farm or Lease Name <u>Red Sanderson Unit</u>
3. Address of Operator <u>P. O. Box 460, Hobbs, New Mexico 88240</u>	9. Well No. <u>24</u>
4. Location of Well UNIT LETTER <u>K</u> <u>2310</u> FEET FROM THE <u>South</u> LINE AND <u>2310</u> FEET FROM THE <u>West</u> LINE, SECTION <u>10</u> TOWNSHIP <u>20-S</u> RANGE <u>36-E</u> NMPM.	10. Field and Pool, or Wildcat <u>Eastmost Gates</u> <u>South Hobbs</u>
15. Elevation (Show whether DF, RT, GR, etc.) <u>3595' DF</u>	12. County <u>Lea</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 ☐

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:

Retain for possible return to injection status

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 [Signature]

TITLE Division Office Manager

DATE 10/30/74

APPROVED BY

Orig. Signed by  
Joe D. [Signature]  
DATE [Signature]

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: