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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 <input type="checkbox"/> Fed. <input type="checkbox"/> Prop.
5. State Oil & Gas Lease No.
7. Unit Agreement Name
8. Farm or Lease Name <i>Reed B</i>
9. Well No. <i>R</i>
10. Field and Pool, or Wildcat <i>Eumant Gas</i>
12. County <i>Lea</i>

**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. <input type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER
2. Name of Operator <i>Continental Oil Co.</i>
3. Address of Operator <i>Box 460 Hobbs, N. Mex.</i>
4. Location of Well UNIT LETTER <i>H</i> , <i>1650</i> FEET FROM THE <i>north</i> LINE AND <i>330</i> FEET FROM THE <i>East</i> LINE, SECTION <i>23</i> TOWNSHIP <i>20-S</i> RANGE <i>36-E</i> NMPM.
15. Elevation (Show whether DF, RT, GR, etc.)

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 <i>As per Request of 5-18-74</i> <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 1703.

*The Eumant gas zone in this well has logged off with water. A downhole commingling application is being prepared. Metering equipment is in place at this well.*

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

SIGNATURE *SK Albritton* TITLE *Adm. Supervisor* DATE *6-27-74*

Orig. Signed by *Joe D. Ramey* DIS. I. Supv.

APPROVED BY *Joe D. Ramey* TITLE *DIS. I. Supv.* DATE *JUL 1 - 1974*

CONDITIONS OF APPROVAL IF ANY: