NO. OF COPIES RECEIVED		
DISTRIBUTION		Form C-103 Supersedes Old
SANTA FE	NEW MEXICO OIL CONSERVATION COMMISSION	C-102 and C-103
FILE	The state of Court A LION COWWI2210N	Effective 1-1-65
U.S.G.S.	<b>7</b>	Sa Indiana Maria
LAND OFFICE	7	State X Fee
OPERATOR	7	5. State OII & Gas Lease No.
	<b>→</b> ·	5. State Oil & Gas Lease No.
SUND	RY NOTICES AND REPORTS ON WELLS	111111111111111111111111111111111111111
(DO NOT USE THIS FORM FOR P. USE "APPLICA	ROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. ATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)	
1.	S POTY FOR SOCIA PROPOSALS.)	
WELL WELL	OTHER-	7. Unit Agreement Name
2. Name of Operator		8. Farm or Lease Name
Continental Oil Comp	any	STATE KV-7
3. Address of Operator		9. Well No.
P. O. Box 460, Hobbs	, New Mexico 88240	/
4. Location of Well		10. Field and Pool, or Wildcat
UNIT LETTER J . 1650 PERT FROM THE SOUTH LINE AND 1650 PEET FROM		M EUNICE - MONUMENT (G-SA)
<b>-</b>	LINE AND PEET PRO	The state of the s
THE LINE, SECT	10N	
	15. Elevation (Show whether DF, RT, GR, etc.)	12, County
inii ilii ilii ilii ilii ilii ilii ilii	3717'DF	100
Check	Appropriate Box To Indicate Nature of Notice, Report or O	Also Date
NOTICE OF I	NTENTION TO:	T REPORT OF:
·	305329021	REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON REMEDIAL WORK	
TEMPORARILY ABANDON	COMMENCE DRILLING OPHS.	ALTERING CASING
PULL OR ALTER CASING	CHANGE PLANS CASING TEST AND CEMENT JOS	PLUG AND ABANDONMENT
	OTHER Stur-I	.) fo
A3H10		<u> </u>
17. Describe Proposed or Completed O	Description (Classic state of the state of t	
work) SEE RULE 1109.	perations (Clearly state all pertinent details, and give pertinent dates, including	s estimated date of starting any proposed
Status of Well: 544	T- IN	
Approximate date that	temp. aban. commenced: 4-1-64	
Reason for temp. aban	1.: UNECONIMIC	
_	·	
Future plans for Well	: Holding for secondary Recover	
•	TOR SECONDARY RECOVER	9
	<b>,</b>	·
·		
	C	11 1 171
	Calk.	les 11-1-76
	44	
	7	
Approximate date of f	uture W.O. or plugging: 4th 9th 1976	•
8. I hereby certify that the information	above is true and complete to the best of my knowledge and belief.	
A ()	1 1-	
IGNED & / Mergie	TITLE DI SUM ant	11.31.70
***	by d	. DATE / 5-2/-/2
	= til.g	
PPROVED BY	A Papy. TITLE	DATE:
ONDITIONS OF APPROVAL, IF ANY:		
NMOCC-4	•	