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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

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- Temporarily Abandoned		5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
2. Name of Operator Continental Oil Company		5. State Oil & Gas Lease No.
3. Address of Operator Box 460, Hobbs, New Mexico		7. Unit Agreement Name
4. Location of Well UNIT LETTER M , 660 FEET FROM THE South LINE AND 660 FEET FROM THE West LINE, SECTION 17 TOWNSHIP 19S RANGE 37E NMPM.		8. Farm or Lease Name State A-17
		9. Well No. 1
		10. Field and Pool, or Wildcat Monument Pool
15. Elevation (Show whether DF, RT, GR, etc.) 3715' DF		12. County Lea

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOBS <input type="checkbox"/>	OTHER Temporary Abandonment <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.

Well has been abandoned but not plugged. At this time we have no plans to alter the status of this well. Another form will be filed in April 1965 unless we develop additional plans prior to filing.

NMOCC-3, SLO JM

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

SIGNED **ROBERT GAULT III** TITLE **Staff Supervisor** DATE **1-5-65**

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: _____