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# NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103  
Supersedes Old  
C-102 and C-103  
Effective 1-1-65  
N. M. C.

AUG 9 9

5. Indicate Type of Lease State <u>14267</u> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. <b>B-2656</b>
7. Unit Agreement Name
8. Farm or Lease Name <b>East Desert Unit</b>
9. Well No. <b>117</b>
10. Field and Pool, or Wildcat <b>East</b>
12. County <b>La</b>

## 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"/>
2. Name of Operator <b>Continental Oil Co.</b>
3. Address of Operator <b>New York, New York</b>
4. Location of Well UNIT LETTER <b>I</b> , <b>660</b> FEET FROM THE <b>East</b> LINE AND <b>1980</b> FEET FROM THE <b>South</b> LINE, SECTION <b>2</b> TOWNSHIP <b>20S</b> RANGE <b>37E</b> NMPM.
15. Elevation (Show whether DF, RT, GR, etc.) <b>3592 DF</b>

16. 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"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>
OTHER <input type="checkbox"/>	OTHER <input 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.

**Pulled rods and tubing, ran bit and scraper to 3825'. Set 2-3/8" internally plastic coated tubing at 3629', and Johnson 101-S packer at 3595'.**

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

SIGNED [Signature] TITLE [Signature] DATE 8-6-67

APPROVED BY [Signature] TITLE [Signature] DATE [Signature]

CONDITIONS OF APPROVAL, IF ANY: