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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 checked="" type="checkbox"/>	Fee <input type="checkbox"/>

5. State Oil & Gas Lease No. <i>E-5376</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. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- <i>Injection</i>	7. Unit Agreement Name <i>EUMONT HARDY UNIT</i>
2. Name of Operator <i>Continental Oil Company</i>	8. Farm or Lease Name <i>EUMONT HARDY UNIT</i>
3. Address of Operator <i>P. O. Box 460, Hobbs, New Mexico 88240</i>	9. Well No. <i>10</i>
4. Location of Well UNIT LETTER <i>E</i> <i>990</i> FEET FROM THE <i>West</i> LINE AND <i>2310</i> FEET FROM THE <i>North</i> LINE, SECTION <i>36</i> TOWNSHIP <i>20-S</i> RANGE <i>37-E</i> NMPM.	10. Field and Pool, or Wildcat <i>EUMONT HARDY, YOURS QUAD</i>
15. Elevation (Show whether DF, RT, GR, etc.) <i>3505' BHF</i>	12. County <i>LEA</i>

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 ☐

SUBSEQUENT REPORT OF:

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: *3-19-70*

Reason for temp. aban.: *To Improve Waterflood Sweep efficiency*

Future plans for Well: *Hold for possible use AS replacement of injection well*

Expires 11-1-76

Approximate date of future W.O. or plugging: *4th qtr 1976*

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

SIGNED *B. Dilleux*

TITLE *S. Staff and*

DATE *10-31-75*

APPROVED BY _____

TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY:
NMOCC-4 *FAITHFULS (5)*