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NO. OF COPIES RECEIVED			Form C-103
DISTRIBUTION			Supersedes Old
SANTA FE	NEW MEXICO OIL CO	INSERVATION COMMISSION	C-102 and C-103 Effective 1-1-65
FILE	1		
U.S.G.S.	1		5a. Indicate Type of Lease
LAND OFFICE	4		State X Fee
OPERATOR	1		5. State Oil & Gas Lease No.
J. Zitaron			B-11349
501413	OV NOTICES AND DEPORTS		minimization
USE "APPLICA"	RY NOTICES AND REPORTS I OPOSALS TO DRILL OR TO DEEPEN OR PL TION FOR PERMIT - " (FORM C-101) FOR	ON WELLS US BACK TO A DIFFERENT RESERVOIM. SUCH PROPOSALS.)	
1. OIL GAS WELL GAS	OTHER-		7. Unit Agreement Name Ellemont Handy 74. +
2. Name of Operator			8. Farm or Lease Name
Continental Oil Compa	any	·	Elmant Husder Unit
3. Address of Operator			9. Well No.
P. O. Box 460, Hobbs	, New Mexico 88240		·
4. Location of Well	0	. 4	10. Field and Pool, or Wildcat /
I I I	60 PEET PROM THE Sau	th 660	ROM Eumant Mater 7-River
ONIT CETTER	PEET PROM THE	LINE AND PEET P	NOW STATE OF THE PARTY OF THE P
East	25	nd 21E	
THE LINE, SECTI	ON TOWNSHIP	D RANGE D / E - NM	··· (
	15. Elevation (Show whet	her DF, RT, GR, etc.)	12. County
		10 DE	12. 600
<u> </u>	<u> </u>		orea IIIIII
Check	Appropriate Box To Indicate	Nature of Notice, Report or	Other Data
NOTICE OF I	NTENTION TO:	SUBSEQUE	ENT REPORT OF:
PERFORM REMEDIAL WORK	PLUS AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON	· · ·	COMMENCE DRILLING OPNS.	PLUS AND ABANDONMENT
PULL OR ALTER CASING	CHANGE PLANS	CASING TEST AND CEMENTAGE	
		OTHER Shut	'- 3n 🕟
OTHER	Г	7	
		-	•
17. Describe Proposed or Completed O	perations (Clearly state all pertinent	details, and give pertinent dates, includ	ing estimated date of starting any proposed
WOFK) SEE RULE 1103.			
Status of Well:	40		
Status of Well:	ul-In		
Approximate date that	temp. aban. commenced	. 1-1-70	
Reason for temp. abar	de la commence	. / / / 0	
Reason for temp. aban	: Uneconomic		
Protection - 1 and - 6 and 17 - 13	. 1/1/0	•//	1 4 11
ruture prans for well	. Hold for possi	ible use as repli	acement well.
	•		
<i>∶</i>			
•			
/ .	/		
	11/1/75		
1-XPIN	5 11/11/7		
/			
Approvimate data of f	uturo U.O. on -lu	. Fall 1232	
whitevrimate date of I	uture W.O. or plugging	: Fall, 1976	
18 I haraby carrify that the lefter-		-	
18. I hereby certify that the information	above is true and complete to the be	st of my knowledge and belief.	
	11- 7	Division Office 44	.*
OIGHED / Color of Texture	TITLE	Division Office Manager	DATE 10/30/74
	*		
	;		

CONDITIONS OF APPROVAL, IF ANY Partner (8) File