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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.
B-230

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- Injection	7. Unit Agreement Name
2. Name of Operator	Eumant Hardy Unit
Continental Oil Company	8. Farm or Lease Name
3. Address of Operator	Eumant Hardy Unit
P. O. Box 460, Hobbs, New Mexico 88240	9. Well No.
4. Location of Well	1
UNIT LETTER M 660 FEET FROM THE South LINE AND 660 FEET FROM THE West LINE, SECTION 25 TOWNSHIP 20S RANGE 37E NMPM.	10. Field and Pool, or Wildcat
	Eumant Hardy 7 Rivers
15. Elevation (Show whether DF, RT, GR, etc.)	12. County
3664' DF	Lea

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 ☐

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOB ☐
OTHER ☒

ALTERING CASING ☐
PLUG AND ABANDONMENT ☐
OTHER ☒

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 1703.

Status of Well: **Shut-In**
Approximate date that temp. aban. commenced: **4-24-74**
Reason for temp. aban.: **To improve waterflood sweep efficiency**
Future plans for Well: **Hold for possible use as replacement injection well**

Expires 11/1/75

Approximate date of future W.O. or plugging: **Fall 1976**

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

SIGNED **Robert J. Smith** TITLE **Division Office Manager** DATE **10/30/74**

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:
NMOCC-4 **ENH (Part 1) (8) 2.1**