

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

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-1534

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"/>	7. Unit Agreement Name
2. Name of Operator Continental Oil Company	8. Farm or Lease Name State J-2
3. Address of Operator P. O. Box 460, Hobbs, New Mexico 88240	9. Well No. 4
4. Location of Well UNIT LETTER G , 660 FEET FROM THE North LINE AND 660 FEET FROM THE East LINE, SECTION 2 TOWNSHIP 22-S RANGE 36-E NMPM.	10. Field and Pool, or Wildcat Grounded Energy
15. Elevation (Show whether DF, RT, GR, etc.) 3563' RT	12. County La

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: **3-15-68**
Reason for temp. aban.: **uneconomical**
Future plans for Well:

Hold for secondary recovery

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 Smith** TITLE **Division Office Manager** DATE **10/30/74**

APPROVED BY _____ TITLE **SUPERVISOR DISTRICT I** DATE _____
CONDITIONS OF APPROVAL, IF ANY:
NONE