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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.
<u>B-1534</u>

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 <u>Continental Oil Company</u>	8. Farm or Lease Name <u>STATE J-2</u>
3. Address of Operator <u>P. O. Box 460, Hobbs, New Mexico 88240</u>	9. Well No. <u>7</u>
4. Location of Well UNIT LETTER <u>G</u> <u>1980</u> FEET FROM THE <u>South</u> LINE AND <u>1980</u> FEET FROM THE <u>EAST</u> LINE, SECTION <u>2</u> TOWNSHIP <u>22-S</u> RANGE <u>36-E</u> NMPM.	10. Field and Pool, or Wildcat <u>Alkward Grayburg</u>
15. Elevation (Show whether DF, RT, GR, etc.) <u>3531' DF</u>	12. County <u>LEA</u>

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"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	OTHER <u>Shut-In</u> <input checked="" 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.

Status of Well: Shut-In

Approximate date that temp. aban. commenced: 3-10-69

Reason for temp. aban.: Uneconomical

Future plans for Well: Holding for secondary Recovery

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 A. Quinn TITLE Asst. Sec. Gen. DATE 10-31-75

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:
NMOCC-4