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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 ☒ Fee ☐
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- 2. Name of Operator Continental Oil Company 3. Address of Operator P. O. Box 460, Hobbs, New Mexico 88240 4. Location of Well UNIT LETTER <u>9</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. 15. Elevation (Show whether DF, RT, GR, etc.) <u>3531' DF</u>	7. Unit Agreement Name 8. Farm or Lease Name <u>State 3-2</u> 9. Well No. <u>7</u> 10. Field and Pool, or Wildcat <u>Unmarked Brackley</u> 12. County <u>Lea</u>
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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:

Held for secondary recovery

Expires 11/1/75

Approximate date of future W.O. or plugging:

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

SIGNED Robert T. Smith III TITLE Division Office Manager DATE 10/30/79

APPROVED BY Joe L. Smith TITLE Dist. L. Supv. DATE _____

CONDITIONS OF APPROVAL, IF ANY: