

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>B-1536</b>
7. Unit Agreement Name
8. Farm or Lease Name <b>State E</b>
9. Well No. <b>1</b>
10. Field and Pool, or Wildcat <b>Agencia Samm Rivera Puum</b>
12. County <b>Lea</b>

<p align="center"><b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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.)</p>	
1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator <b>Continental Oil Company</b>	8. Farm or Lease Name <b>State E</b>
3. Address of Operator <b>P. O. Box 460, Hobbs, New Mexico 88240</b>	9. Well No. <b>1</b>
4. Location of Well UNIT LETTER <b>P</b> , <b>660</b> FEET FROM THE <b>South</b> LINE AND <b>660</b> FEET FROM THE <b>East</b> LINE, SECTION <b>17</b> TOWNSHIP <b>22-5</b> RANGE <b>36-E</b> NMPM.	10. Field and Pool, or Wildcat <b>Agencia Samm Rivera Puum</b>
15. Elevation (Show whether DF, RT, GR, etc.) <b>3549' GR</b>	12. County <b>Lea</b>

<p align="center">16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data</p>	
<p align="center"><b>NOTICE OF INTENTION TO:</b></p> <p>PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/></p> <p>TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/></p> <p>PULL OR ALTER CASING <input type="checkbox"/></p> <p>OTHER <input type="checkbox"/></p>	<p align="center"><b>SUBSEQUENT REPORT OF:</b></p> <p>REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/></p> <p>COMMENCE DRILLING OPNS. <input type="checkbox"/> PLUG AND ABANDONMENT <input type="checkbox"/></p> <p>CASING TEST AND CEMENT JOBS <input type="checkbox"/></p> <p>OTHER <b>Shut in</b> <input checked="" type="checkbox"/></p>

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: **6-11-66**  
Reason for temp. aban.: **uneconomical**

Future plans for Well:

**STUDY FOR REMEDIAL WORK**

**Expires 11/1/75**

Approximate date of future W.O. or plugging: **4<sup>TH</sup> QTR 1975**

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

SIGNED **Robert Gault III** TITLE Division Office Manager DATE **10/30/74**

APPROVED BY **Joe L. Harey** TITLE Dist. Manager DATE **11/1/74**

CONDITIONS OF APPROVAL, IF ANY:

**NMCC-4 74**