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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 <i>permit</i>
State <input type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.
7. Unit Agreement Name <i>South Eunice</i>
8. Farm or Lease Name <i>South Eunice Unit</i>
9. Well No. <i>1</i>
10. Field and Pool, or Wildcat <i>Jalmar</i>
12. County <i>Lea</i>

SUNDY 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.)

OIL WELL <input type="checkbox"/>	GAS WELL <input type="checkbox"/>	OTHER: <i>Water Injection</i>
1. Name of Operator <i>Continental Oil Company</i>		
3. Address of Operator <i>P. O. Box 460, Hobbs, NM 88240</i>		
4. Location of Well UNIT LETTER <i>A</i> <i>660</i> FEET FROM THE <i>north</i> LINE AND <i>660</i> FEET FROM THE <i>East</i> LINE, SECTION <i>20</i> TOWNSHIP <i>22S</i> RANGE <i>36E</i> NMPM.		

15. Elevation (Show whether DF, RT, GR, etc.)
3558' df.

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 JOB <input type="checkbox"/>	OTHER <i>Converting to inj</i> <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.

*Squeezed perfs 3083'-3557' w/150 socks cross
Cement. Cleaned out fill to 3855'. Set
pocket @ 3614' and placed on injection.
Completed-4-26-73*

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

SIGNED *[Signature]* TITLE *Sr. Analyst* DATE *5-29-73*

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

NMOCC-4 FILE *S. Eunice Unit (22)*