	<del></del>			
NO. OF COPIES RECEIVED				Form C-103 Supersedes Old
DISTRIBUTION				C-102 and C-103
SANTA FE	NEW MEXICO	OIL CONSERVATION COMMI	SSION	Effective 1-1-55
FILE			4	
U.S.G.S.				5a. Indicate Type of Lease
LAND OFFICE		•		State Fee X
OPERATOR				5. State Oil & Gas Lease No.
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 GAS WELL OTHER- Water Importion Will				7. Unit Agreement Name South Europe
2. Name of Operator CONTINENTAL OIL COMPANY				South Bune Unit
P. O. Box 460, Hobbs, N.M. 88240				9. Well No.
4. Location of Well				10. Field and Pool, or Wildcat
_				During Theres
UNIT LETTER K. 1980 FEET FROM THE South LINE AND 1980 FEET FROM				
THE West LINE, SECTION 21 TOWNSHIP 22-5 RANGE 36-E NMPM.				
	15 Elevation (S.	how whether DF, RT, GR, etc.)		12. County
		Z'GR		Lea IIII
16.				
	CK Appropriate Box 10 1 F INTENTION TO:	ndicate Nature of Notice,	Report or Oth	
[ <del></del> ] .		<u></u>	<u></u>	
PERFORM REMEDIAL WORK	PLUG AND A	BANDON REMEDIAL WORK		ALTERING CASING
TEMPORARILY ABANDON		COMMENCE DRILLING	<u> </u>	PLUG AND ABANDONMENT
PULL OR ALTER CASING	CHANGE PLA	NS CASING TEST AND CE	МЕИТ JQB []	
OTHER Whiter Show	t Off			
17 Describe Proposed or Complete	ed Operations (Clearly state all )	pertinent details, and give pertine	nt dates, including e	estimated date of starting any proposed
its is persone	I to short of	water in the	us will	Coxen hale longlite
by the fallow	con president	ex; Plug back.	on OH n	of Size with my
aref calseal;	Calcul to be	Marile Me log	12= 1	- olen 2/8
Tulency W/ jacker	-, set gacher le	3,600 . Famy	Political Contraction	the Class ""  The Class ""  The State of factor  3,811.
Cament at m	finem fre	esux 1,000 PSI	· mu	meny and please
Sill plug o	Called and	Jump em	some to	× 5,011.
0 23,4	0 - 1: 0 - 1	deline a ma	.1. 1	Lee well back
		mung a gar	- 120 , 120	lece well back
on injection	- ,	•		
1				
				*
			•	
	•			
18. I hereby certify that the information	ation above is true and complete	to the best of my knowledge and l	belief.	
11/2 114	Jan 1112	Division Office I	Manager	<b>.</b>
SIGNED / (I BUV) K	june V	TITLE		DATE 5-2-74
	a . c 11 -			
	Orig. Signed by			
APPROVED BY	Joe D. Karrey	TITLE		DATE
CONDITIONS OF ABBROVAL IF	Dist. I, Supv.			<i>38</i> 9

NMOCC-4, S. Eunice Unit-22, File