NO. OF COPIES RECEIVED	]		Form C-103
DISTRIBUTION	NEW MEXICO OIL CONSERVATION COMMISSION		Supersedes Old
SANTA FE			C-102 and C-103 Effective 1-1-65
FILE	]		2,703
U.S.G.S.			5a. Indicate Type of Lease
LAND OFFICE	]		State Fee X
OPERATOR	]		S. 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 D'FFERENT RESERVOIR.  USE "APPLICATION FOR PERMIT _" (FORM C-101) FOR SUCH PROPOSALS.)			
OIL GAS WELL OTHER. W. f.			7. Unit Agreement Name
OTHER. Water System  2. Name of Operator			8. Form or Lease Name
Continental Oil Company			
3. Address of Operator			South Edunice Unit
P. O. Box 460, Hobbs, NM 88240			17
4. Location of Well			1g. Field and Pool, or Wildea
UNIT LETTER K 1980 FEET FROM THE South LINE AND 1980 FEET FROM			Eunice 7 Rivers
THE THOM			
THE West LINE, SECTION 21 TOWNSHIP 22-5 RANGE 36-E NMPM.			
	15. Elevation (Show whether	DF, RT, GR, etc.)	12. County
	3,532'	GR	Lea
Check	Appropriate Box To Indicate N		ther Data
	NTENTION TO:		T REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON		. —
TEMPORARILY ABANDON	PLOG AND ABANDON	REMEDIAL WORK	ALTERING CASING
PULL OR ALTER CASING	CHANGE PLANS	COMMENCE DRILLING OPNS.  CASING TEST AND CEMENT JOB	PLUG AND ABANDONMENT
your on herein ensine	CHARGE FLANS	, , ,	Inection
OTHER		OTHER CHANGE	- June
17. Describe Proposed or Completed Op- work) SEE RULE 1103,	perations (Clearly state all pertinent det	ails, and give pertinent dates, includin	g estimated date of starting any proposed
atorny see Note 1103,			
		11	-1 14 10
Pulled produces	ug equipment. (	leaned out well	I with Stable
	ing equipment. (	23.4 1 1 1	121
roam from 3,	770'-3,811. Kan	218 Coment ten	red taking and
and Park	1 st at 3672'	Placed well or	a Injection on
grener, acher	Met as oform.	men in a	
9-3-73.			
7-3-130		•	
			•
18. I hereby certify that the information	above is true and complete to the best o	f my knowledge and belief.	
18. I hereby certify that the information		f my knowledge and belief.	
18. I hereby certify that the information	above is true and complete to the best o	-	Q-1/73
18. I hereby certify that the information	shove is true and complete to the best o	f my knowledge and belief. nin. Supervisor	DATE 9-11-73
18. I hereby certify that the information	Orig. Signed by	-	DATE 9-11-73
18. I hereby certify that the information	shove is true and complete to the best o	-	DATE 9-11-73