| NO OF CORES RECEIVED | i | |
|---|--|-----------------------------------|
| DISTRIBUTION | _ | form C-103 |
| SANTAFE | NEW MEXICO OU COMESTIVATION COMMISSION | Supersedes Old C-102 and C-103 |
| FILE | NEW MEXICO OIL CONSERVATION COMMISSION | Effective 1-1-65 |
| U.3.G.S. | | En Indiana Tues de |
| LAND OFFICE | | State Fee X |
| OPERATOR | | 5. State Oil & Gas Lease No. |
| | | of the Grant Grant Edgs (No. |
| SUNC | DRY NOTICES AND REPORTS ON WELLS | |
| USE "APPLIC | ROPOSALS TO DELLE OR TO DEEPEN OR FLUG BACK TO A DIFFERENT RESERVOIR. ATION FOR PERMIT _** (FORM C-101) FOR SUCH PROPOSALS.) | |
| OIL GAS WELL | OTHER. Water Injection | 7. Unit Agreement Name |
| 2. Name of Operator | 0 | 8. Farm or Lease Name |
| Continental Oil Co | mpany | Douth tremelly |
| P. O. Box 460, Hob | bs, NM 88240 | 9. Well io. |
| 4. Location of Well | 1980 FEET FROM THE MONTH LINE AND 990 | 10. Field and Pool, or Wildcat |
| UNIT LETTER | LINE AND FEET FRO | Lunice 7- Kivers Dure |
| THE GOST LINE, SEC | TION 22 TOWNSHIP 225 RANGE 36E NMPA | |
| | 15. Elevation (Show whether DF, RT, GR, etc.) | 12. County |
| | 3538 of | Lea |
| Check | Appropriate Box To Indicate Nature of Notice, Report or O | ther Data |
| NOTICE OF | | T REPORT OF: |
| PERFORM REMEDIAL WORK | PLUG AND ABANDON TEMEDIAL WORK | |
| TEMPORARILY ABANDON | COMMENCE DRILLING OPNS. | ALTERING CASING |
| PULL OR ALTER CASING | CHANGE PLANS CASING TEST AND CEMENT JOE | PLUG AND ABANDONMENT |
| | OTHER CONV | to in x |
| OTHER | | X |
| 17 Describe Proposed or Completed (| Presentions (Clearly state all parties details | |
| , | Operations (Clearly state all pertinent details, and give pertinent dates, including | |
| D. 1 tol | 55 (case no @ 38/2 25 0 | ind 3831 WZisox |
| Personalla | 52" casing @ 3812, 250 | - |
| | | a present the second |
| (a pocker | ac sold | |
| July 1 | at 3804 and treat | 0 3655° W/11 |
| 1590 | NE oua. | |
| gais, 15 70. | NE out. Set pkr 6 ion and placed or | · injection |
| are tens | | • |
| pro | (" 0 0) | Ptod - 4-15-73 |
| r | Conge | Ceted -4-15-73 |
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| | | |
| | | |
| 10 7 1-20 | n above is true and complete to the best of my knowletic and being | |
| 10. I nereby certify that the information | n above is true and complete to the best of my knowledge and belief. | |
| Think min | 20 - 11.100 - 100 | 6-20-22 |
| SIGNED STULY STOPLE | TITLE | DATE |
| | Cent | |
| APPROVED BY | TITLE | NAT. |
| CONDITIONS OF APPROVAL, IF AND | /1 | URIE |
| | | |

NMOCC-4 FILE S. Eunice Unit (22)