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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 ☒	Fee ☐
5. State Oil & Gas Lease No. <i>B-1535</i>	

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 WELL ☐ GAS WELL ☐ OTHER <i>Injection Well</i>		7. Unit Agreement Name <i>Eumot Hardy Unit</i>
2. Name of Operator <i>CONTINENTAL OIL COMPANY</i>		8. Farm or Lease Name <i>Eumot Hardy Unit</i>
3. Address of Operator <i>P. O. Box 460, Hobbs, N.M. 88240</i>		9. Well No. <i>31</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>1</i> TOWNSHIP <i>21-S</i> RANGE <i>36-E</i> N.M.P.M.		10. Field and Pool, or Wildcat <i>Eumot Hardy Unit</i>
11. Elevation (Show whether DF, RT, GR, etc.) <i>3496 B.H.F.</i>		12. County <i>L.A.</i>

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data			
NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐	OTHER ☐	CASING TEST AND CEMENT JOBS ☐	OTHER <i>Temporary Shut-In</i> ☒

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.

Well was returned to injection after water flow problems in area were corrected. Date returned to injection 6-30-77.

Notice (3) / Returns (7) file

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

SIGNED *Ben A. Lee* TITLE *Administrative Supervisor* DATE *3-14-78*

Orig. Signed by
Jerry Boston
Dist. 1, Supv.

MAR 17 1978

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: