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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

50. Indicate Type of Lease State ☒ Fee ☐
51. State Oil & Gas Lease No. <i>B-1535</i>
7. Unit Agreement Name
8. Farm or Lease Name <i>STATE F-1</i>
9. Well No. <i>6</i>
10. Field and Pool, or Wildcat <i>Eumest Pools GAS</i>
12. County <i>LEA</i>

SUNDY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR REDEVELOP OR PLUG BACK TO A DIFFERENT RESERVOIR. USE APPLICATION FOR PERMIT TO DRILL FORM C-101 FOR SUCH PROPOSALS.)

1. OIL WELL ☐ GAS WELL ☒ OTHER ☐
2. Name of Operator <i>Continental Oil Company</i>
3. Address of Operator <i>P. O. Box 460, Hobbs, New Mexico 88240</i>
4. Location of Well UNIT LETTER <i>D</i> <i>660</i> FEET FROM THE <i>NORTH</i> LINE AND <i>660</i> FEET FROM THE <i>WEST</i> LINE, SECTION <i>1</i> TOWNSHIP <i>21S</i> RANGE <i>22E</i> N.M.P.M.
11. Elevation (Show whether DF, RT, GR, etc.)

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐
PULL OR ALTER CASING ☐	OTHER ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐	ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☐
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.

Status of Well: *Temporary Shut-In*

Approximate date that temp. aban. commenced: *2-1-75*

Reason for temp. aban.: *Insufficient pressure To flow into gas sales line*

Future plans for Well: *Study for Remedial work*

Expires 5/1/77 (2)

Approximate date of future W.O. or plugging: *9-1-76*

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

SIGNED *B. Dillingham* TITLE *Asst. Staff Asst* DATE *6-30-76*

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:
NMOC-4