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NO. OF COPIES RECEIVED		Form C-103
. DISTRIBUTION		Supersedes Old C-102 and C-103
SANTA FE	NEW MEXICO OIL CONSERVATION COMMISSION	Effective 1-1-65
FILE		
U.S.G.S.		Sa. Indicate Type of Lease
LAND OFFICE	•	State Fee
OPERATOR		5, State Otl 6 Gas Lease No. B-/533/2
SUNDRY N	OTICES AND REPORTS ON WELLS	
CO HOT USE THIS FORM FOR PROPOSA USE "APPLICATION F	LS TO BTILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. OR PERMIT - 11 (FORM C-101) FOR SUCH PROPOSALS.)	
1	THER-	7. Unit Agreement Name
2. Name of Operator		8. Farm or Lease Name
Continental Oil Company 3. Address of Operator		STATE C-20
P. O. Box 460, Hobbs, New Mexico 88240		9. Well No.
4. Location of Well		10. Field and Pool, or Wildcat
UNIT LETTER N . 660	D FEET FROM THE SOUTH LINE AND 1980 PEET F	ROM EYMONTYATES PRIKS OU
//	20 TOWNSHIP 21-5 RANGE 36-E NA	
THE WEST LINE, SECTION	TOWNSHIP 3/ BANGE NA	19M. [[]][]][][][][][][][][][][][][][][][][
THE	15. Elevation (Show whether DF, RT, GR, etc.)	12. County
	3657'DF	
Check Appr	copriate Box To Indicate Nature of Notice, Report or	Other Data
NOTICE OF INTE		ENT REPORT OF:
		_
PERFORM REMEDIAL WORK	PLUG AND ABANDON REMEDIAL WORK COMMENCE DRILLING OPNS.	ALTERING CASING
PULL OR ALTER CASING	CHANGE PLANS CASING TEST AND CEMENT JOB	THEMHOCHAEL DIA
	OTHER ShuT-	The state of the s
OTHER		
17. Describe Proposed or Completed Operati	ons (Clearly state all pertinent details, and give pertinent dates, inclu	ding estimated date of starting any propose
work) SEE RULE 1 103.		and become a second of state o
Status of Well: Shur-In	. .	
Approximate date that te	mp. aban. commenced: 11-24-69	·
Reason for temp. aban.:	•	
Future plans for Well:	Study for Remedial WORK	-
		÷
		/
		ypicis 11-1-76
	<u> </u>	1/20202 //
•	$\mathcal{L}^{\prime\prime}$	9//
		•
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•		
Approximate date of futu	re W.O. or plugging: 4th gt, 1976	•
18. I hereby certify that the information above	e is true and complete to the best of my knowledge and belief.	
10.	l lt	
SIGNED Dellugis	TITLE of Stop and	DATE 10-3175
And Same	1.00	
A Same	TF	ieo , o co
APPROVED BY	*8 TITLE	DATE

CONDITIONS OF APPROVAL, IF ANY: NMOCC-4