

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
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.

B-1533 1/2

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 - 1" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> 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>K</i> <i>1980</i> FEET FROM THE <i>South</i> LINE AND <i>1980</i> FEET FROM THE <i>West</i> LINE, SECTION <i>20</i> TOWNSHIP <i>21S</i> RANGE <i>36E</i> NMPM. 15. Elevation (Show whether DF, RT, GR, etc.) <i>3639' 7F</i>	7. Unit Agreement Name 8. Farm or Lease Name <i>State C-20</i> 9. Well No. <i>7</i> 10. Field and Pool, or Wildcat <i>Eunice Monument</i> 12. County <i>Lea</i>
--	---

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

PERFORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐
OTHER ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐
OTHER ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT ☐
OTHER *Shut-In* ☒
ALTERING CASING ☐
PLUG AND ABANDONMENT ☐

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: *Shut-In*
Approximate date that temp. aban. commenced: *7-30-63*
Reason for temp. aban.: *uneconomical*
Future plans for Well:

STUDY FOR REMEDIAL WORK

Expires 11/1/75

Approximate date of future W.O. or plugging: *4TH QTR. 1975*

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

SIGNED *Robert Gault III* TITLE *Division Office Manager* DATE *10/30/74*

APPROVED BY *Joe D. Ramey* TITLE *File* DATE
CONDITIONS OF APPROVAL, IF ANY:
NMOCC-4