

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 ☐ FED. Fee ☐
5. State Oil & Gas Lease No. <u>LC 032096 (b)</u>

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. ☒ WELL ☐ GAS WELL ☐ OTHER	7. Unit Agreement Name	
2. Name of Operator <u>CONTINENTAL OIL COMPANY</u>	8. Farm or Lease Name <u>LOCKHART B-14A</u>	
3. Address of Operator <u>Box 460, HOBBS, N.M. 88240</u>	9. Well No. <u>3</u>	
4. Location of Well UNIT LETTER <u>A</u> <u>660</u> FEET FROM THE <u>NORTH</u> LINE AND <u>330</u> FEET FROM THE <u>EAST</u> LINE, SECTION <u>14</u> TOWNSHIP <u>21-S</u> RANGE <u>37-E</u> N.M.P.M.	10. Field and Pool, or Wildcat <u>TERRY BLINERBY</u>	
15. Elevation (Show whether DF, RT, GR, etc.) <u>3426' DF</u>	12. County <u>LEA</u>	

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 ☐		OTHER <u>Re-fill cellar following Csg. Leak Srv.</u> ☒	

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.

Casing Leak Survey has been conducted on this well by Mr. Leslie A. Clements. Satisfactory connections below ground level and proper identification above ground level have been established. It is now proposed to re-fill the cellar and level the ground around this well.

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

SIGNED [Signature] TITLE SR. ANALYST DATE 10-23-74

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

NMOC - J. File