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# NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103  
Supersedes Old  
C-102 and C-103  
Effective 1-1-65

## 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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	5a. Indicate Type of Lease State <input type="checkbox"/> Fee <input checked="" type="checkbox"/>
2. Name of Operator Continental Oil Company	5. State Oil & Gas Lease No.
3. Address of Operator P. O. Box 460, Hobbs, NM 88240	7. Unit Agreement Name
4. Location of Well	8. Farm or Lease Name M. E. Wenzel
UNIT LETTER <u>P</u> <u>510</u> FEET FROM THE <u>South</u> LINE AND <u>810</u> FEET FROM THE <u>East</u> LINE, SECTION <u>21</u> TOWNSHIP <u>21S</u> RANGE <u>37E</u> NMPM.	9. Well No. 3
15. Elevation (Show whether DF, RT, GR, etc.) 3440' DF	10. Field and Pool, or Wildcat Padlock
12. County Lea	

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	OTHER <u>Temporarily Abandon</u> <input checked="" type="checkbox"/>

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.

The Blinkey was temporarily abandoned by setting a CIBP at 5735' with 2 sacks cement on top. Perf. 7" casing from 5279' to 5289' w/ 2 JSPP. Drilled perfor w/ 1000 gals. Muck acid. Ran producing equipment. Placed well on production.

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

SIGNED [Signature] TITLE Admin. Supervisor DATE 10-24-73  
APPROVED BY [Signature] TITLE Supv. DATE

CONDITIONS OF APPROVAL, IF ANY:

NMOC-4 FILE