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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 <input type="checkbox"/> <u>Leased</u> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.

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- 2. Name of Operator CONTINENTAL OIL COMPANY 3. Address of Operator P. O. Box 460, Hobbs, N.M. 88240 4. Location of Well UNIT LETTER <u>M</u> <u>330</u> FEET FROM THE <u>South</u> LINE AND <u>990</u> FEET FROM THE <u>West</u> LINE, SECTION <u>21</u> TOWNSHIP <u>21-S</u> RANGE <u>37-E</u> NMPM. 15. Elevation (Show whether DF, RT, GR, etc.) <u>3493' DF</u>	7. Unit Agreement Name 8. Farm or Lease Name <u>M. E. Wandy</u> 9. Well No. <u>6</u> 10. Field and Pool, or Wildcat <u>Blindly Rd 9 Box</u> 12. County <u>Lea</u>
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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 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>Shut-In</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.

This well was returned to production upon being recompleted in the Paddock zone, on 5-16-75. Well was shut-in 11-1-71.

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

BY Ralph Foulke TITLE Asst. Supervisor DATE 6-2-75

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: NMOC-C-4. F. 1/2