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LAND OFFICE	
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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 checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. E-5896-1

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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER- 2. Name of Operator Continental Oil Company 3. Address of Operator P. O. Box 460, Hobbs, New Mexico 88240 4. Location of Well UNIT LETTER N 2970 FEET FROM THE East LINE AND 330 FEET FROM THE South LINE, SECTION 31 TOWNSHIP 23S RANGE 34E NMPM. 15. Elevation (Show whether DF, RT, GR, etc.) 3816' DF	7. Unit Agreement Name Bell Lake Unit 8. Form or Lease Name Bell Lake Unit Devonian A/C-1 9. Well No. 1 10. Field and Pool, or Wildcat Bell Lake Devonian 12. County Lea
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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 JOB ☐
OTHER **Temporarily abandon** ☒
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.

Work Done:

1. Pulled 13,555' tubing from well.
2. Cut 2 3/8" CS Hydril tubing at 13,695' and failed to pull same.
3. Set cast iron bridge plug at 13,555' above 2 3/8" CS Hydril tubing 13,555-14,914 and Baker Model K packer at 14,820.
4. Spotted 30 sacks cement 13,555-13,455.
5. Filled with mud and replaced well head equipment.

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

SIGNED _____	TITLE Sup. Prod. Engineer	DATE 9-29-67
APPROVED BY _____	TITLE _____	DATE _____
CONDITIONS OF APPROVAL, IF ANY: NMOCC-5 FILE		