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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. <u>B-2657</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. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER		7. Unit Agreement Name
2. Name of Operator <u>Continental Oil Company</u>		8. Farm or Lease Name <u>STATE A-32</u>
3. Address of Operator <u>P. O. Box 460, Hobbs, New Mexico 88240</u>		9. Well No. <u>6</u>
4. Location of Well UNIT LETTER <u>D O</u> , <u>660</u> FEET FROM THE <u>SOUTH</u> LINE AND <u>1980</u> FEET FROM THE <u>EAST</u> LINE, SECTION <u>32</u> TOWNSHIP <u>22-S</u> RANGE <u>36-E</u> NMPM.		10. Field and Pool, or Wildcat <u>JALMAT UATES TRUES</u>
15. Elevation (Show whether DF, RT, GR, etc.) <u>3473' GR</u>		12. County <u>LEA</u>

16.

## 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 ☐

### SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐  
COMMENCE DRILLING OPNS. ☐  
CASING TEST AND CEMENT JOBS ☐  
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: 2-28-69

Reason for temp. aban.: UNECONOMICAL

Future plans for Well: STUDY FOR REMEDIAL WORK

*Expires 11-1-76*

Approximate date of future W.O. or plugging: 4th qtr 1976

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

SIGNED B. Dillinger TITLE Asst. Sec. and DATE 10-31-75

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: COPY  
NMOCC-4