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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.	

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"/>	7. Unit Agreement Name <i>Bell Lake</i>
2. Name of Operator <i>Continental Oil Company</i>	8. Farm or Lease Name <i>Bell Lake Unit</i>
3. Address of Operator <i>P. O. Box 460, Hobbs, NM 88240</i>	9. Well No. <i>11 (State 11M) (act 2. 11-2)</i>
4. Location of Well UNIT LETTER <i>N</i> <i>790</i> FEET FROM THE <i>South</i> LINE AND <i>2265</i> FEET FROM THE <i>West</i> LINE, SECTION <i>31</i> TOWNSHIP <i>23S</i> RANGE <i>34E</i> NMPM.	10. Field and Pool, or Wildcat <i>Bell Lake Bone Springs</i>
15. Elevation (Show whether DF, RT, GR, etc.) <i>3629' df</i>	12. County <i>Lea</i>

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK <input checked="" type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>

REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER <input 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.

*Perf w/ 1 1/2" spf @ 8675', 85, 8690', 8705' and 8715'.
Set pkr at \pm 8600' and treat perms w/ 6000
gals. 28% HCL - NE acid. Swab back lead
and place on production.*

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

SIGNED <i>Robert Gault</i>	TITLE <i>Admin. Supervisor</i>	DATE <i>3-23-73</i>
APPROVED BY <i>Leslie J. Clement</i>	TITLE <i>Director</i>	DATE <i>3-23-73</i>
CONDITIONS OF APPROVAL, IF ANY:		

NMOCC-4 FILE

