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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"/>	Fee <input checked="" 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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- <u>Water Injection Well</u>		7. Unit Agreement Name
2. Name of Operator <u>CONTINENTAL OIL COMPANY</u>		8. Farm or Lease Name <u>South Eunice Unit</u>
3. Address of Operator <u>P. O. Box 400, Hobbs, N.M. 88240</u>		9. Well No. <u>65</u>
4. Location of Well UNIT LETTER <u>D</u> <u>660</u> FEET FROM THE <u>South</u> LINE AND <u>1930</u> FEET FROM THE <u>East</u> LINE, SECTION <u>28</u> TOWNSHIP <u>22-S</u> RANGE <u>36-E</u> NMPM.		10. Field, and Pool, or Allotment <u>Eunice South Eunice Aquifer, South</u>
15. Elevation (Show whether DF, RT, GR, etc.) <u>3430' SB</u>		12. County <u>Lea</u>

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 JOB <input type="checkbox"/>	OTHER <u>2c Report Water Injection Test</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.

On 2-6-74 this well injected water at 400 BWPD at 150 PSI.

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

SIGNED Robert J. Gault TITLE Division Office Manager DATE 2-8-74

APPROVED BY Joe D. Ramsey TITLE Dist. I, Supt. DATE
CONDITIONS OF APPROVAL, IF ANY: NMCC-4, Partners-21, File