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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 West</u>
3. Address of Operator <u>P.O. Box 460, Hobbs, New Mexico 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>1,980</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 Wildcat <u>Excess Green Area</u> <u>Green, South</u>
15. Elevation (Show whether DF, RT, GR, etc.) <u>3480' BK</u>		12. County <u>Logan</u>

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK <input 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"/>

SUBSEQUENT REPORT OF:

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 checked="" 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.

Set 4 1/2" 10.5# & 9.5# casing at 3,885'. Cemented w/210 sacks
Class "C" Cement. T.D.C. @ 3,853'. T.D.C. by survey @ 2,800'.
Tested casing with 1,000#, held OK.

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

SIGNED Robert G. Smith III TITLE Division Office Manager DATE 1-18-74

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

NR000-4, Partners-21-File