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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 460, Hobbs, New Mexico 88240</u>	9. Well No. <u>65</u>
4. Location of Well UNIT LETTER <u>0</u> <u>660</u> FEET FROM THE <u>South</u> LINE AND <u>1980</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>Eunice South No. 1</u> <u>South</u>
15. Elevation (Show whether DF, RT, GR, etc.) <u>3493.7' BR</u>	12. County <u>Deer</u>

16. 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"/> TEMPORARILY ABANDON <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> OTHER <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/> COMMENCE DRILLING OPNS. <input checked="" type="checkbox"/> CASING TEST AND CEMENT JOBS <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>
PLUG AND ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/> PLUG AND ABANDONMENT <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.

Spudded 11" hole on 1-6-74. Drilled to 400' and set 7 7/8", 24" casing. Cemented with 175 sacks Class 'C' cement. Cement circulated, WOC 18 hours and tested casing w/ 800# for 30 min., held O.K.

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

SIGNED Robert Paul Hill TITLE Division Office Manager DATE 1-8-74

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

NMOCCL-5, Partners-21, File