	\neg	Form C-103
NO. OF COPIES RECEIVED	-	Supersedes Old
DISTRIBUTION	NEW MEXICO OIL CONSERVATION COMMISSION	C-102 and C-103 Effective 1-1-65
SANTA FE FILE		
U.S.G.S.	-	5a. Indicate Type of Lease
LAND OFFICE		State Fee
OPERATOR		5. State Oil & Gas Lease No.
		- Arminimin
SUNE THIS FORM FOR USE "APPLIE	DRY NOTICES AND REPORTS ON WELLS PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. EATION FOR PERMIT -** (FORM C-101) FOR SUCH PROPOSALS.)	7, Unit Agreement Name
l. OIL GAS WELL WELL	OTHER•	Bell Lake
2. Name of Operator Continent	al ail Company	Bell Lake Unit!
3. Address of Operator 460	Habbs, new moxico	9. Well No.
4. Location of Well	1980 FEET FROM THE WORTH LINE AND 1980 FEET	In. Field and Fool, or Wildcat FROM A TOKA
THE West LINE, SE	CTION 6 TOWNSHIP Z45 RANGE 34E	NMPM.
	15. Elevation (Show whether DF, RT, GR, etc.)	12. County Lea
	ck Appropriate Box To Indicate Nature of Notice, Report of Subsequence of Notice Subsequence of Notice Subsequence of Notice Nature of Notice, Report of Not	or Other Data
1101162 01		
PERFORM REMEDIAL WORK	PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON	COMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING	CHANGE PLANS CASING TEST AND CEMENT JOB	ampletion X
OTHER		
	Operations (Clearly state all pertinent details, and give pertinent dates, inc	luding estimated date of starting any proposed
work) SEE RULE 1103.		
las 711 CT	BP@ 14,000's Set pocke	n at 11,767 and
set / CI		1 1 1 12 170'
perf w/455	of @ 12,170. Squeezed Int behind Cosing. 1 170,75' and 12,486' W, 100 to production.	- perfs (0/4,110
'	+ yohind Cosing. 1	ef lang
to set ceme	ne de	12 cotand
, 0 92	12 (75) and 12,486 W/	1 LJ SP F L
0 12 1150 60	170, 13 one 1-1	·
	acoduction.	
0 0	el to production.	
spened we	<i>-</i>	
<u>.</u>		
18. I hereby certify that the informa	ition above is true and complete to the best of my knowledge and belief.	_
2/4)	open Admin Supern	isov 7-25-23
SIGNED SIGNED	THE I'M MUN, Sugar to	OUT DATE /
	Cring Stop of the	1 . 191
APPROVED BY	24-0.2-y - HITLE	DATE
CONDITIONS OF APPROVAL, IF	ANY:	

NMOCC-4 File