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LAND OFFICE	
OPERATOR	

# 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.	
E-5896	

## 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
2. Name of Operator	Bell Lake Unit
Continental Oil Company	8. Form or Lease Name
3. Address of Operator	Bell Lake Unit
P. O. Box 460, Hobbs, New Mexico 88240	9. Well No.
4. Location of Well	13 Y
UNIT LETTER <u>H</u> 1980 FEET FROM THE <u>North</u> LINE AND <u>785</u> FEET FROM	10. Field and Pool, or Wildcat
THE <u>East</u> LINE, SECTION <u>6</u> TOWNSHIP <u>24S</u> RANGE <u>34E</u> NMPM.	Bell Lake Bone Spring
15. Elevation (Show whether DF, RT, GR, etc.)	12. County
3613' DF	Lea

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐

TEMPORARILY ABANDON ☐

PULL OR ALTER CASING ☐

OTHER ☐

PLUG AND ABANDON ☐

CHANGE PLANS ☐

OTHER ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐

COMMENCE DRILLING OPNS. ☐

CASING TEST AND CEMENT JOBS ☐

OTHER ☒ Temporarily Abandon

ALTERING CASING ☐

PLUG AND ABANDONMENT ☐

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 1503.

Status of Well: Temporarily Abandon

Approximate date that temp. aban. commenced: 5-17-73

Reason for temp. aban.: Dry Hole.

Future plans for Well:

P&A

Expires 11/1/75

Approximate date of future W.O. or plugging: 1<sup>st</sup> QTR. 1975

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

SIGNED [Signature] TITLE Division Office Manager DATE 10/30/74

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:  
NMOCC-4 E+1 F