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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 ☒ Fee ☐

5. State Oil & Gas Lease No.

## SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEEN OR PLUG BACK TO A DIFFERENT RESERVOIR.  
USE APPLICATION FOR PERMIT - "A" (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<br>Continental Oil Company   | 8. Farm or Lease Name<br>State A-2                     |
| 3. Address of Operator<br>P. O. Box 460, Hobbs, NM 88240   | 9. Well No.<br>2                                       |
| 4. Location of Well<br>UNIT LETTER _____, 1980' FEET FROM THE South LINE AND 660' FEET FROM<br>THE East LINE, SECTION 2 TOWNSHIP 20S RANGE 37E NMPM. | 10. Field and Pool, or Wildcat<br>Blueberry & Drinkard |
| 15. Elevation (Show whether DF, RT, GR, etc.)  | 12. County<br>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 Drinkard zone ☒

SUBSEQUENT REPORT OF:

PLUG AND ABANDON ☐  
REMEDIAL WORK ☐  
COMMENCE DRILLING OPNS. ☐  
CASING TEST AND CEMENT JOBS ☐  
OTHER ☐

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.

It is proposed to abandon the Drinkard zone in this well by the following procedures:  
Load or Kill Drinkard zone. Set tubing plug  
or CIBP in Drinkard string at 5900'.

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

SIGNED [Signature] TITLE Admin. Supervisor DATE 6-27-73

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

CONDITIONS OF APPROVAL, IF ANY:

NMOCC-4 FILE