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U.S.G.S.	
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 ☐ Patent Fee ☐
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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator Continental Oil Company	8. Farm or Lease Name <u>Shaban 33</u>
3. Address of Operator P. O. Box 460, Hobbs, New Mexico 88240	9. Well No. <u>1</u>
4. Location of Well UNIT LETTER <u>A</u> <u>990</u> FEET FROM THE <u>North</u> LINE AND <u>660</u> FEET FROM THE <u>East</u> LINE, SECTION <u>33</u> TOWNSHIP <u>25-S</u> RANGE <u>37-E</u> NMPM.	10. Field and Pool, or Wildcat <u>Shaban 33</u> <u>Shaban River</u>
15. Elevation (Show whether DF, RT, GR, etc.)	12. County <u>La</u>

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 Shut in ☒
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 1103.

Status of Well: Shut in
Approximate date that temp. aban. commenced: 6-1-61
Reason for temp. aban.: Uneconomical

Future plans for Well:

STUDY FOR REMEDIAL WORK

Expires 11/1/75

Approximate date of future W.O. or plugging: 4TH QTR. 1975

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

SIGNED John D. Hancey TITLE Division Office Manager

DATE 10/30/74

APPROVED BY Joe D. Hancey
Dist. I, Supr.

TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY:
NMOCC-4, Paragraph 2, File

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U. S. CONSERVATION COMM.
HOBBES, N. H.