

NEW MEXICO OIL CONSERVATION COMMISSION

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U.S.G.S.	
LAND OFFICE	
OPERATOR	

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 SHAHAN 3.3
3. Address of Operator P. O. Box 460, Hobbs, New Mexico 88240	9. Well No. 2
4. Location of Well UNIT LETTER <u>H</u> <u>1650</u> FEET FROM THE <u>NORTH</u> LINE AND <u>330</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 LAWLER MATTHEW TRUCKS
15. Elevation (Show whether DF, RT, GR, etc.)	12. County LEA

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

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

Expire 11-1-76

Approximate date of future W.O. or plugging: 4th qtr 1976

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

SIGNED B. Orlowski TITLE Asst. Sec. DATE 10-31-75

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

CONDITIONS OF APPROVAL, IF ANY: NMOC-4 PARTNERS (2)