

NO. OF COPIES RECEIVED
DISTRIBUTION
SANTA FE
FILE
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

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 - M" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	5a. Indicate Type of Lease State <input type="checkbox"/> Free <input type="checkbox"/>
2. Name of Operator Continental Oil Company	5. State Oil & Gas Lease No.
3. Address of Operator P. O. Box 460, Hobbs, New Mexico	7. Unit Agreement Name
4. Location of Well UNIT LETTER <u>H</u> 1980 FEET FROM THE <u>North</u> LINE AND <u>660</u> FEET FROM THE <u>East</u> LINE, SECTION <u>5</u> TOWNSHIP <u>24-N</u> RANGE <u>38-E</u> N.M.P.M.	8. Farm or Lease Name State "A"
15. Elevation (Show whether LF, RT, GR, etc.) 3297 DF	9. Well No. 1
	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 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.

Ran 383 jts. (12,242') 5 1/2" casing. Set at 12,215'
16 Cent. and 30 Scratchers. Cemented W/200 sx Class "C" Cement W/4%
gel from 12,215 - 11,200. Cemented W/520 sx Class "C" Cement W/4% gel
from 11,200 - 5,775. Plug down at 8:00 P.M. 10-1-65. Tested W/1000#.
Tested OK. Rig released 10-2-65. WOC 48 hrs.

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

SIGNED Hal R. Stephens TITLE Staff Supervisor DATE 10-4-65

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

NMOCC-5. SLO - File