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# NEW MEXICO OIL CONSERVATION COMMISSION

AUG 20 1 39 PM '65

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" (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 checked="" type="checkbox"/> Fee <input type="checkbox"/>
2. Name of Operator Continental Oil Company	5. State Oil & Gas Lease No.
3. Address of Operator 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-S</u> RANGE <u>38-E</u> N.M.P.M.	8. Form or Lease Name State "A"
15. Elevation (Show whether DF, RT, GR, etc.) 3297 DF	9. Well No. 1
12. County Lea	10. Field and Pool or Williston Ellenburger Field Ellenburger Pool

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data  
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK	<input type="checkbox"/>
TEMPORARILY ABANDON	<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>
OTHER	<input type="checkbox"/>

PLUG AND ABANDON	<input type="checkbox"/>
CHANGE PLANS	<input type="checkbox"/>

SUBSEQUENT REPORT OF:

REMEDIAL WORK	<input type="checkbox"/>
COMMENCE DRILLING OPNS.	<input type="checkbox"/>
CASING TEST AND CEMENT JOB	<input checked="" type="checkbox"/>
OTHER	<input type="checkbox"/>
ALTERING CASING	<input type="checkbox"/>
PLUG AND ABANDONMENT	<input 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 107 jts (3,500') 32# of 8 5/8" csg. Set csg at 3,500 W/550 sx C1 "C" Cmt W/12% gel and 2% cal. Top of cmt @ 2350. WOC 24 hours. Tested csg with 1000# for 30 min. Tstd O.K. on 8-15-65

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

SIGNED SIGNED HAL R. STEPHENS

TITLE Staff Supervisor

DATE 8-18-65

NMOCC-5, SLO, LPT

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: