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NEW MEXICO OIL CONSERVATION COMMISSION

AUG 11 11 35 AM '65

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-55

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 P. O. Box 460, Hobbs, New Mexico	7. Unit Agreement Name
4. Location of Well UNIT LETTER <u>H</u> , <u>1980</u> 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> NMPM.	8. Farm or Lease Name State "A"
	9. Well No. 1
	10. Field and Pool or Wildcat Line Ellenburger Fld Ellenburger Pool
15. Elevation (Show whether DF, RT, GR, etc.) 3,300 GR (Est)	12. County Lea

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

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

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOBS <input checked="" type="checkbox"/>	OTHER <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.

Spudded 8 a.m. 8-8-65. Drilled to 420' and set 428'
(14 Jts) of 13 3/8" casing @ 420'. Cemented W/300 sx cement W/4%
gel. Used four centralizers. Plug down @ 9:30 p.m. 8-8-65. Cement
circulated. W.O.C. for 24 hours. Tested casing W/680# for 30 minutes.
Tested O.K.

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

SIGNED ROBERT CAULT III

TITLE Staff Supervisor

DATE 8-10-65

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

NMOCC-5. STN T DM