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LAND OFFICE		
OPERATOR		

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

NEW MEXICO OIL CONSERVATION COMMISSION

5a. Indicate Type of Lease
State ☒   Fee ☐

5. State Oil & Gas Lease No.
E-9089

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 ☒   GAS WELL ☐   OTHER-

7. Unit Agreement Name
— — —

2. Name of Operator
Humble Oil & Refining Company

8. Farm or Lease Name
New Mexico State RW

3. Address of Operator
P. O. Box 2100, Hobbs, New Mexico 89240

9. Well No.
4

4. Location of Well

UNIT LETTER ___J___, ___1988___ FEET FROM THE ___South___ LINE AND ___1997___ FEET FROM

THE ___East___ LINE, SECTION ___16___ TOWNSHIP ___8-S___ RANGE ___33-E___ NMPM.

10. Field and Pool, or Wildcat
Tobac Pennsylvanian

15. Elevation *(Show whether DF, RT, GR, etc.)*
4400 Est.

12. County
Chaves

16.

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 ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐
OTHER _____ ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOB ☐
OTHER _____

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.

Ran 9085 (285 jts.) 4-1/2" casing, 9.50# and 11.60#, N-80 and
J-55, set at 9100. Cemented with 100 sxs. Reg. 12% Gel. plus 1/4
R-5 per sx. followed by 200 sxs. Incor Neat. POB 12:45 a.m.
3-17-65. Cement did not circulate. WOC 24 hours. Tested casing
with 1500# for 30 minutes -- no drop in pressure. Preparing to
perforate.

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

SIGNED COPY ORIGINAL SIGNED: E. S. DAVIS   TITLE Dist. Adm. Supvr.   DATE 4-2-65

APPROVED BY _____   TITLE _____   DATE _____

CONDITIONS OF APPROVAL, IF ANY: