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LAND OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

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

MAY 27 10 15 AM '66

5a. Indicate Type of Lease  
State  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 - A" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL  GAS WELL  OTHER   
 2. Name of Operator: *Humble Oil & Refining Company*  
 3. Address of Operator: *P.O. Box 1600, Midland, Texas 79701*  
 4. Location of Well: UNIT LETTER *"B"*, *660* FEET FROM THE *North* LINE AND *660* FEET FROM THE *West* LINE, SECTION *9* TOWNSHIP *16-S* RANGE *35-E* NMPM.  
 7. Unit Agreement Name: -  
 8. Farm or Lease Name: *Hilda A. Townsend*  
 9. Well No.: *5*  
 10. Field and Pool, or Wildcat: *Townsend Wolfcamp*  
 15. Elevation (Show whether DF, RT, GR, etc.): *4037.5' D.F.*  
 12. County: *Dea*

16. 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 JOB <input 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.

*Well shut-in. Possible remedial work being studied.*

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

SIGNED *A. L. Clemmer* TITLE *Agent* DATE *5-25-66*

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

CONDITIONS OF APPROVAL, IF ANY: