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LAND OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

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

5a. Indicate Type of Lease
State Fee

5. State Oil & Gas Lease No.
ASSGN #10. 1318
Lease # 13172

7. Unit Agreement Name
—

8. Farm or Lease Name
Mudlick Aggen State

9. Well No.
12

10. Field and Pool, or Wildcat
Eminent

12. County
Lew

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

2. Name of Operator
Humble Oil & Refining Company

3. Address of Operator
P.O. Box 1300, Midland, Texas 79701

4. Location of Well
UNIT LETTER H, 1980 FEET FROM THE North LINE AND 660 FEET FROM
THE East LINE, SECTION 31 TOWNSHIP 20-S RANGE 37-E NMPM.

15. Elevation (Show whether DF, RT, GR, etc.)
3544 DF

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 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.

Well Temporarily abandoned. Possible workover being studied.

THE COMMISSION MUST BE NOTIFIED OF ANY CHANGES TO THE PLANS FOR THIS WELL.

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 NOV 4 1965

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: