

NEW MEXICO OIL CONSERVATION COMMISSION
O. C. C.

JUL 31 7 50 AM '67

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LAND OFFICE		
OPERATOR		

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 -" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator <i>Humble Oil & Refining Company</i>	8. Farm or Lease Name <i>G. B. Hatfield</i>
3. Address of Operator <i>Box 1600, Midland, Texas</i>	9. Well No. <i>1</i>
4. Location of Well UNIT LETTER <i>J</i> <i>1480</i> FEET FROM THE <i>South</i> LINE AND <i>1480</i> FEET FROM THE <i>East</i> LINE, SECTION <i>21</i> TOWNSHIP <i>25-S</i> RANGE <i>37-E</i> NMPM.	10. Field and Pool, or Wildcat <i>Valmet Gas</i>
15. Elevation (Show whether DE, RT, GR, etc.) <i>3082 RDB</i>	12. County <i>Lea</i>

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"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>
OTHER <input type="checkbox"/>	OTHER <input type="checkbox"/>
PLUG AND ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
CHANGE PLANS <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.
Well shut in. 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 *W. J. Robertson* TITLE *Agent* DATE *7-27-67*

APPROVED BY *J. C. [Signature]* TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: