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NEW MEXICO OIL CONSERVATION COMMISSION

SEP 18 1967

O. C. C.
ARTESIA, OFFICE

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

5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. OG 676-1
7. Unit Agreement Name
8. Farm or Lease Name HUBER STATE
9. Well No. 2
10. Field and Pool, or Wildcat India, Coyote Green
12. County CHAVES

SUNDY 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.)

OIL WELL <input checked="" type="checkbox"/>	GAS WELL <input type="checkbox"/>	OTHER <input type="checkbox"/>
2. Name of Operator DR. SAM G. DUNN ✓		
3. Address of Operator P. O. BOX 192, ARTESIA, NEW MEXICO 88210		
4. Location of Well UNIT LETTER K 1650 FEET FROM THE SOUTH LINE AND 2310 FEET FROM THE WEST LINE, SECTION 9 TOWNSHIP 11-S RANGE 27-E NMPM.		

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

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 JOBS <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 checked="" 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.

(9-17-67
DUE TO LEGAL LEGATION ON LEASE WE ARE ASKING FOR TIME ON COMMENCING DRILLING OPERATIONS.

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

SIGNED Thelma Hall TITLE AGENT DATE 9-17-67

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: