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NEW MEXICO OIL CONSERVATION COMMISSION

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

Oct 25 9 00 AM '65

5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. CG 961
7. Unit Agreement Name
8. Farm or Lease Name Humble "CC" State
9. Well No. #7
10. Field and Pool, or Wildcat So. Lane
12. County Lea

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>
2. Name of Operator Pubco Petroleum Corporation
3. Address of Operator P. O. Box 1419, Albuquerque, New Mexico 87103
4. Location of Well UNIT LETTER E , 2086 FEET FROM THE North LINE AND 766 FEET FROM THE West LINE, SECTION 34 TOWNSHIP 10S RANGE 33E NMPM.
15. Elevation (Show whether DF, RT, GR, etc.)

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 JOE <input type="checkbox"/>	OTHER Completion <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.

10/19/65 Perf. Bough C 9644-58 w/2 jpf. Ran tbg. to 9660 w/pkr. @ 9596.

10/20/65 Acidized Bough C w/500 gal. reg. acid and 3000 gal. retarded acid. Swabbed.

10/21/65 Swabbed well in. Flowing to battery @ 10:00 a.m., 10/21/65.

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

SIGNED Charles E. Ramsey TITLE Area Production Manager DATE 10/22/65
APPROVED BY Joe L. Ramsey TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: