

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-103
Revised 12-1-

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.O.B.	
LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease
State For

5. State Oil & Gas Lease No.

SUNDRY NOTICES AND REPORTS ON WELLS

DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO OPERATE 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
Hugh Oil Corp.

3. Address of Operator
P.O. Box 670, Hobbs, NM 88240

4. Location of Well
UNIT LETTER *D* *660* FEET FROM THE *North* LINE AND *660* FEET FROM
THE *West* LINE, SECTION *14* TOWNSHIP *22S* RANGE *37E* NMPM.

7. Unit Agreement Name

8. Farm or Lease Name
Hugh

9. Well No.
1

10. Field and Pool, or Wildcat
Hantz Also

15. Elevation (Show whether DF, RT, GR, etc.)
3372' GL

12. County
Lea

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK

TEMPORARILY ABANDON

PULL OR ALTER CASING

OTHER _____

PLUG AND ABANDON

CHANGE PLANS

REMEDIATION WORK

COMMENCE DRILLING OPNS.

CASING TEST AND CEMENT JOBS

OTHER *P.A. Drinkard, Repairs*

ALTERING CASING

PLUG AND ABANDONMENT

Hantz Also

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.

*POH up prod. eqpt. Sq. 6204'-6324' w/200 sq. CL "H" w/D-19. Runs
access limit + tol (sq. 1000# -ok. Del cont. 1st csg 1500# -ok.
Del CIBP + means to item. Del to 7516' + set csg. Spot 1590
NEFE. Prof 6556-58', 6588-90', 6760-62', 6764-66', 6783-85', 6807-09',
6814-16', 6840-42', 6912-14', 6962-64', 6974-76', 6987-89', 7083-85' w/2
1/2" JHPE.*

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

SIGNED *RDPitue* TITLE *AREA ENGINEER* DATE *11-21-83*

ORIGINAL SIGNED BY JERRY SEXTON

APPROVED BY *DISTRICT 1 SUPERVISOR* TITLE _____ DATE *DEC 2 1983*

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

DEC 1 - 1983

NOV 28 1983