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TAXES		
U.S.G.S.		
LAND OFFICE		
OPERATOR		

NEW MEXICO OIL CONSERVATION COMMISSION RECEIVED

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

SEP - 9 1974

5a. Indicate Type of Lease
State Fee

5. State Oil & Gas Lease No.
3724

O.C.C.

SUNDRY NOTICES AND REPORTS ON WELLS ARTESIA, OFFICE

(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 type="checkbox"/> OTHER - Wildcat	7. Unit Agreement Name
2. Name of Operator Houston Oil & Minerals Corp.	8. Farm or Lease Name State 3724
3. Address of Operator 242 Main Building, 1212 Main St., Houston, Texas 77002	9. Well No. 1
4. Location of Well UNIT LETTER <u>L</u> , <u>1160</u> FEET FROM THE <u>W</u> LINE AND <u>2198</u> FEET FROM THE <u>South</u> LINE, SECTION <u>36</u> TOWNSHIP <u>14S</u> RANGE <u>10E</u> NMPM.	10. Field and Pool, or Wildcat Wildcat
15. Elevation (Show whether DF, RT, GR, etc.) 5053	12. County Otero

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK PLUG AND ABANDON
 TEMPORARILY ABANDON CHANGE PLANS
 PULL OR ALTER CASING OTHER

SUBSEQUENT REPORT OF:

REMEDIAL WORK ALTERING CASING
 COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT
 CASING TEST AND CEMENT JOB
 OTHER

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 was plugged as follows on 8-4-74. All plugs were put in place thru 4 1/2" D.P.

75 sx Class H cmt. + 2% CaCl 3900-3750
 55 sx Class H cmt. + 2% CaCl 3500-3400
 55 sx Class H cmt. + 2% CaCl 1000-900

Well had no casing removed.

Post 103
10-3

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

SIGNED William M. Hazard TITLE Division Drilling Manager DATE 8-30-74

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: