NO. OF COPIES RECEIVED		
DISTRIBUTION		Form C-103 Supersedes Old
SANTA FE	NEW HENICO OH, CONCERNATION COMMISSION	C-102 and C-103
FILE /-	NEW MEXICO OIL CONSERVATION COMMISSION	Effective 1-1-65
U.S.G.S.		5a. Indicate Type of Lease
LAND OFFICE		State X Fee
OPERATOR /		5. State Oil & Gas Lease No.
OPERATOR /		X-576);
CUVIDA	W MOTICES AND DEPOSITS ON MELL O	mmmmmmm
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.)		
I. OIL X GAS WELL X	OTHER*	7, Unit Agreement Name
2. Name of Operator		8. Farm of Lease Name
Humble Oil & Refining Company		N. Mex. State
3. Address of Operator		9. Well No.
Box 1600, Midland, Texas 79701		l
4, Location of Well		10. Field and Pool, or Wildcat
UNIT LETTER O	,980 PEET FROM THE <u>east</u> line and <u>660</u> FEET F	Wildest
	FEET PROMITED FEET P	
THE SOUTH LINE, SECTION	on 8 township 16S range 18E nm	PPM. (1)
mmmmm	15, Elevation (Show whether DF, RT, GR, etc.)	12. County
	5,163' DF	
16.		Chaves ()
	Appropriate Box To Indicate Nature of Notice, Report or	
NOTICE OF IN	SUBSEQUE	ENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON REMEDIAL WORK	
TEMPORARILY ABANDON	<u>- </u>	ALTERING CASING
PULL OR ALTER CASING	CHANGE PLANS CASING TEST AND CEMENT JOB	PLUG AND ABANDONMENT X
Policion Action Casting	CHANGE PLANS CASING TEST AND CEMENT JQB	
OTHER	OTHER	
 Describe Proposed or Completed Opwork) SEE RULE 1 fo3. 	erations (Clearly state all pertinent details, and give pertinent dates, include	ling estimated date of starting any proposed
·		
Dry hole marker insta	alled. Location is clean and ready for final	inspection.
		_
		RECEIVED
		1815 * A 1027
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		artegia. Elener
18. I hereby certify that the information	above is true and complete to the best of my knowledge and belief.	
A A A	•	
1) & 10/12	,	
SIGNED ALC V. CLLY	nnev title Agent	DATE
		8 % as at 1 to 2 to 1000
<i>H</i> -1 T .	Lame TITLE OIL AND GAS INSPECTOR	JAN 12 1267
APPROVED BY	•	DATE
CONDITIONS OF APPROVAL, IF ANY		