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NEW MEXICO OIL CONSERVATION COMMISSION

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.	E-9719

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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- Re-entry	7. Unit Agreement Name
2. Name of Operator Humble Oil & Refining Company ✓	8. Farm or Lease Name New Mexico State BZ
3. Address of Operator P. O. Box 2100, Hobbs, New Mexico 88240	9. Well No. 1
4. Location of Well UNIT LETTER K, 1930 FEET FROM THE South LINE AND 1880 FEET FROM THE West LINE, SECTION 32 TOWNSHIP 17-S RANGE 27-E NMPM.	10. Field and Pool, or Wildcat Wildcat (Paddock)
15. Elevation (Show whether DF, RT, GR, etc.) 3445 D. F.	12. County Eddy

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"/> TEMPORARILY ABANDON <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> OTHER <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> OTHER <input type="checkbox"/>
REMEDIAL WORK <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> CASING TEST AND CEMENT JOB <input type="checkbox"/> OTHER <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/> PLUG AND ABANDONMENT <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.

Plugs set as follows:

Plug #1 from 2849' to 2739' with 40 sxs. cement.
Plug #2 from 1400' to 1340' with 20 sxs. cement.
Plug #3 from 25' to surface with 10 sxs. cement.

Mud laden fluid between plugs.

Dry hole marker installed per NMOC requirements.

RECEIVED

JUL 19 1965

O.C.C.
ARTERIA. P.O. BOX 100

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

SIGNED W. A. Gressett TITLE Dist. Adm. Supvr. DATE July 15, 1965

APPROVED BY W. A. Gressett TITLE Dist. Adm. Supvr. DATE OCT 8 1965

CONDITIONS OF APPROVAL, IF ANY: