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NEW MEXICO OIL CONSERVATION COMMISSION  
Nov 15 8 16 AM '65

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. <b>E-5131</b>
7. Unit Agreement Name -
8. Farm or Lease Name <b>New Mexico State "BC"</b>
9. Well No. <b>7</b>
10. Field and Pool, or Wildcat <b>Henshaw Grayburg West</b>
12. County <b>Eddy</b>

**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 <b>HUMBLE OIL &amp; REFINING COMPANY</b> ✓
3. Address of Operator <b>P.O. Box 2100, Hobbs, New Mexico 88240</b>
4. Location of Well UNIT LETTER <b>"J"</b> , <b>3654.5</b> FEET FROM THE <b>North</b> LINE AND <b>1650</b> FEET FROM THE <b>East</b> LINE, SECTION <b>2</b> TOWNSHIP <b>16-S</b> RANGE <b>30-E</b> NMPM.
15. Elevation (Show whether DF, RT, GR, etc.) <b>3937' D.F.</b>

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 JOBS <input type="checkbox"/>	OTHER <input 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.

**Well is temporarily abandoned. Holding for possible water injection well.**

**RECEIVED**

NOV 17 1965

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

**COPY ORIGINAL SIGNED: E. S. DAVIS**

SIGNED \_\_\_\_\_ TITLE **District Adm. Supvr.** DATE **11-12-65**

APPROVED BY *ML Armstrong* TITLE \_\_\_\_\_ DATE **NOV 29 1965**

CONDITIONS OF APPROVAL, IF ANY: