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RECEIVED
 NEW MEXICO OIL CONSERVATION COMMISSION
JUN 15 1976
O. C. C.
ARTESIA, OFFICE

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-11539
7. Unit Agreement Name
8. Farm or Lease Name Humble State
9. Well No. 1
10. Field and Pool, or Wildcat Artesia
12. County Eddy

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 PAUL E. PLUMMER, Jr. ✓
3. Address of Operator C/o Kersey & Company, P. O. Box 316, Artesia, New Mexico 88210
4. Location of Well UNIT LETTER H 330 FEET FROM THE East LINE AND 1980 FEET FROM THE North LINE, SECTION 9 TOWNSHIP 18 RANGE 28 NMPM.
15. Elevation (Show whether DF, RT, GR, etc.)

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"/>	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 JOB <input type="checkbox"/>	TA <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.
SI since 7-74

We would appreciate your giving this well the status of Temporarily Abandoned and we will either plug or put in operation during the interval of one year.

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

SIGNED <u><i>Harold Kersey</i></u>	TITLE <u>Operator</u>	DATE <u>June 15, 1976</u>
APPROVED BY <u><i>W. A. Gressett</i></u>	TITLE <u>SUPERVISOR, DISTRICT II</u>	DATE <u>JUN 16 1976</u>
CONDITIONS OF APPROVAL, IF ANY: <u>Expires 10-1-76</u>		

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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

RECEIVED

MAR 21 1974

I. Operator **PAUL E. PLUMMER, JR.** ☒ **D. C. U.**
Address **P. O. Box 316, Artesia, New Mexico 88210** **ARTESIA, OFFICE**
Reason(s) for filing (Check proper box) Other (Please explain)
New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☒ Casinghead Gas ☐ Condensate ☐

If change of ownership give name and address of previous owner **Paul E. Plummer & W. H. McKinley Box 2145 Roswell N. Mex. 88201**

II. DESCRIPTION OF WELL AND LEASE

Lease Name Humble State	Well No. 1	Pool Name, including Formation Artesia Queen Grayburg	Kind of Lease State, Federal or Fee State	Lease No.
Location Unit Letter H ; 330 Feet From The East Line and 1980 Feet From The North Line of Section 9 Township 18 Range 28 , NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Navajo Refining Company, Pipe Line Division	Address (Give address to which approved copy of this form is to be sent) North Freeman, Artesia, New Mexico 88210	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks. Completed	Unit G	Sec. 9
	Twp. 18	Rge. 28
	Is gas actually connected? No	When

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X) On file	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'tv.	Diff. Res'tv.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Harold Kewen
(Signature)
Agent
(Title)
March 20, 1974
(Date)

OIL CONSERVATION COMMISSION
MAR 19 1975
APPROVED _____, 19____
BY **W. A. Lussert**
TITLE **SUPERVISOR, DISTRICT II**

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for allowable on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.
Separate Forms C-104 must be filed for each pool in multiply completed wells.