

ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION
P. O. BOX 2058
SANTA FE, NEW MEXICO 87501
RECEIVED BY
JAN 05 1984
O. C. D.
ARTESIA, OFFICE

Form C-103
Revised 10-1-79

5a. Indicate Type of Lease
State ☐ Fee ☒
5. State Oil & Gas Lease No.

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 - II" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL ☐ GAS WELL ☒ OTHER ☐	7. Unit Agreement Name
2. Name of Operator Hamon Oil Company ✓ Phone: 915/682-5218	8. Farm or Lease Name Forehand Federal 25 Com.
3. Address of Operator 611 Petroleum Building, Midland, Texas 79701	9. Well No. 1
4. Location of Well UNIT LETTER <u>N</u> <u>660</u> FEET FROM THE <u>South</u> LINE AND <u>1980</u> FEET FROM THE <u>West</u> LINE AND <u>660</u> FEET FROM THE <u>South</u> LINE, SECTION <u>25</u> TOWNSHIP <u>23-S</u> RANGE <u>26-E</u> NMPM.	10. Field and Pool, or Wildcat Und. S. Carlsbad Morrow
15. Elevation (Show whether DF, RT, GR, etc.) 3213.8 GR	12. County Eddy

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐	OTHER ☐	CASING TEST AND CEMENT JOBS ☐	
OTHER _____		OTHER <u>To change name of operator from</u> ☒ <u>Jake L. Hamon to Hamon Oil Company</u>	

17. Description Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

*Post ID-3
3-2-84
Chg. D.P.*

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

SIGNED <u>[Signature]</u>	TITLE <u>Drilling Foreman</u>	DATE <u>1-4-84</u>
Original Signed By <u>Leslie A. Clements</u> Supervisor District II		
APPROVED BY _____	TITLE _____	DATE <u>FEB 27 1984</u>
CONDITIONS OF APPROVAL, IF ANY:		