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LAND OFFICE		
OPERATOR		

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

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator HUMBLE OIL & REFINING COMPANY	8. Farm or Lease Name CHARLES S. ALVES
3. Address of Operator P.O. BOX 1600, MIDLAND, TEXAS 79701	9. Well No. 1
4. Location of Well UNIT LETTER B 660 FEET FROM THE NORTH LINE AND 1980 FEET FROM THE EAST LINE, SECTION 7 TOWNSHIP 19-S RANGE 35-D NMPM.	10. Field and Pool, or Wildcat SCHARB BONE SPRINGS
15. Elevation (Show whether DF, RT, GR, etc.) 3909 DF	12. County LEA

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 checked="" type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <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.

REPAIR CASING LEAK BY REMOVING DAMAGED CASING. CASING HAS LEAK AT 4300-4420.

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

SIGNED Joe D. Ramey TITLE UNIT HEAD DATE 11-28-72

APPROVED BY Joe D. Ramey TITLE _____ DATE NOV 30 1972
Dist. I, Supv.

CONDITIONS OF APPROVAL, IF ANY: