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LAND OFFICE	
OPERATOR	4

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.  
**OG 676-1**

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 <b>DR. SAM G. DUNN</b>	8. Farm or Lease Name <b>HUBERSTATE</b>
3. Address of Operator <b>P. O. BOX 192, ARTESIA, NEW MEXICO</b>	9. Well No. <b>1</b>
4. Location of Well UNIT LETTER <b>N</b> <b>330</b> FEET FROM THE <b>SOUTH</b> LINE AND <b>2310</b> FEET FROM THE <b>WEST</b> LINE, SECTION <b>9</b> TOWNSHIP <b>11</b> RANGE <b>27E</b> NMPM.	10. Field and Pool, or Wildcat <i>under</i> <b>COYOTE QUEEN</b>
15. Elevation (Show whether DF, RT, GR, etc.) <b>3672</b>	12. County <b>CHAVES</b>

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

~~XXXXXX~~ **2-15-67:**  
**DRILLED 7 7/8" HOLE TO 856' CORED FROM 796 Ft. TO 856 Ft. SET 5 1/2 " 15# @ 856 . CIRCULATED WITH 250 SACKS OF 50-50 POS. WITH 2% JEL.**

RECEIVED  
MAY 1 1967

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

SIGNED *Shelma Hall* TITLE AGENT DATE 315-67

APPROVED BY *W.A. Gressett* TITLE *W.A. Gressett* DATE 11 9 1967

CONDITIONS OF APPROVAL, IF ANY: