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NEW MEXICO OIL CONSERVATION COMMISSION

HOBBS OFFICE B. C. C.

JUL 20 11 59 AM '67

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.
E - 2064

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 South Four Lakes Unit
3. Address of Operator P. O. Box 1600, Midland, Texas 79701	9. Well No. 4
4. Location of Well UNIT LETTER <u>0</u> , <u>1980</u> FEET FROM THE <u>E</u> LINE AND <u>660</u> FEET FROM THE <u>S</u> LINE, SECTION <u>35</u> TOWNSHIP <u>11-S</u> RANGE <u>34-E</u> NMPM.	10. Field and Pool, or Wildcat Four Lakes Penn & Dev.
15. Elevation (Show whether DF, RT, GR, etc.) 4156 DF	12. County Lea

16.

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐
OTHER ☐

PLUG AND ABANDON ☒
CHANGE PLANS ☐
OTHER ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOB ☐
OTHER ☐

ALTERING CASING ☐
PLUG AND ABANDONMENT ☐
OTHER ☐

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.

Request permission to plug and abandon well in the following manner:

Set plug # 1 from 10,000 - 9,900 w/25 sx. neat cmt.
Set plug # 2 from 20' to surface w/10 sx. neat cmt.
Install dry hole marker and clean location.
Hole to be filled w/mud laden fluid.

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

SIGNED E. J. Berry TITLE Agent DATE 7-18-67
APPROVED BY [Signature] TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: