

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1700, Hobbs, NM 88240

DISTRICT II
P.O. Box 100, Artesia, NM 88210

DISTRICT III
1000 E. Bruce Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO.	30-025-23519
5. Indicate Type of Lease	STATE ☒ FEE ☐
6. State Oil & Gas Lease No.	OG-5204
7. Lease Name or Unit Agreement Name	HUMBLE STATE
8. Well No.	2
9. Pool name or Wildcat	Vada Penn BOUGHTEN SAN ANDRES

SUNDARY 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 O-101) FOR SUCH PROPOSALS.)	
1. Type of Well: OIL WELL ☒ GAS WELL ☐ OTHER ☐	
2. Name of Operator PETROLEUM PRODUCTION MANAGEMENT, INC.	
3. Address of Operator P.O. BOX 957 CROSSROADS, N.M. 88114	
4. Well Location Unit Letter <u>I</u> 1980 Feet From The <u>South</u> Line and <u>510</u> Feet From The <u>East</u> Line Section <u>16</u> Township <u>9-S</u> Range <u>35-E</u> NM/M LEA County 10. Elevation (Show whether LP, RKB, RT, GR, etc.) 4161' GR	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK ☐	REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐	COMMENCE DRILLING OPNS. ☐
PULL OR ALTER CASING ☐	CASING TEST AND CEMENT JOB ☐
OTHER: ☐	OTHER: ☐
PLUG AND ABANDON ☐	ALTERING CASING ☐
CHANGE PLANS ☐	PLUG AND ABANDONMENT ☒

12. 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.

5-15-95 SET CIBP @ 4538' - 15 sxs on top - 4394
5-16-95 SPOT 120 sxs @ 4135'-3055' TAGGED
5-17-95 SPOT 110 sxs @ 555'-277' TAGGED
5-18-95 SPOT 35 sxs @ 60' to surface

INSTALL DRY HOLE MARKER

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

SIGNATURE Larry J. Cotton TITLE Superintendent DATE 5-25-95
TYPE OR PRINT NAME TELEPHONE NO.

(This space for State Use)

APPROVED BY Billy E. Prichard TITLE _____ DATE _____
COMMISSION OF APPROVAL, IF ANY:

JC

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