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HOBBS OFFICE O. C. C.  
NEW MEXICO OIL CONSERVATION COMMISSION  
DEC 22 11 07 AM '65

Form C-103  
Supersedes Old  
C-102 and C-103  
Effective 1-1-65

5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. E-9089
7. Unit Agreement Name -
8. Farm or Lease Name New Mexico State "BW"
9. Well No. 1
10. Field and Pool, or Wildcat Tobac Penn.
12. County Chaves

**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"/>
2. Name of Operator HUMBLE OIL & REFINING COMPANY
3. Address of Operator BOX 2100, HOBBS, NEW MEXICO 88240
4. Location of Well UNIT LETTER "K" 1874 FEET FROM THE South LINE AND 2086 FEET FROM THE West LINE, SECTION 20 TOWNSHIP 8-S RANGE 33-E NMPM.
15. Elevation (Show whether DF, RT, GR, etc.) 4401' D.F.

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 JOBS <input type="checkbox"/>
OTHER <input type="checkbox"/>	OTHER <input checked="" type="checkbox"/> Pumping Unit Installed
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 1108.

Pumping unit installed on New Mexico State "BW", Well No. 1 during December, 1965.

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

SIGNED <u>E. L. ...</u>	TITLE <u>District Adm. Supvr.</u>	DATE <u>12-21-65</u>
APPROVED BY <u>[Signature]</u>	TITLE <u></u>	DATE <u></u>

CONDITIONS OF APPROVAL, IF ANY: