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NEW MEXICO OIL CONSERVATION COMMISSION

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

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"/>		5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
2. Name of Operator Humble Oil & Refining Company		5. State Oil & Gas Lease No. E-9089
3. Address of Operator Box 2100, Hobbs, New Mexico 88240		7. Unit Agreement Name --
4. Location of Well UNIT LETTER "J" 1985 FEET FROM THE South LINE AND 1997 FEET FROM THE East LINE, SECTION 21 TOWNSHIP 8-S RANGE 33-E NMPM.		8. Farm or Lease Name New Mexico State "BW"
		9. Well No. 6
		10. Field and Pool, or Wildcat Tobac Pennsylvanian
15. Elevation (Show whether DF, RT, GR, etc.) 4383' DF		12. County Chaves

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"/>	

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.

While attempting to pull tubing, found tubing stuck and casing collapsed. Request permission to:

1. Cut and pull approximately 4,759' of tubing and 4,754' of casing.
2. Pull tubing fish.
3. Run impression block to check top of casing.
4. Dress top of casing if necessary and run casing bowl.
5. Set casing in bowl.
6. Test casing.
7. Return well to production.

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

SIGNED R. T. Berry TITLE Unit Head DATE 10-9-67

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: