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NEW MEXICO OIL CONSERVATION COMMISSION
JUL 22 11 59 AM '66

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 ☒ GAS WELL ☐ OTHER ☐	5a. Indicate Type of Lease State ☒ Fee ☐
2. Name of Operator <i>Humble Oil & Refining Company</i>	5. State Oil & Gas Lease No. <i>K-4495</i>
3. Address of Operator <i>Box 1600, Millard, Texas 79101</i>	7. Unit Agreement Name -
4. Location of Well UNIT LETTER <i>A</i> <i>660</i> FEET FROM THE <i>East</i> LINE AND <i>660</i> FEET FROM THE <i>East</i> LINE, SECTION <i>16</i> TOWNSHIP <i>1-S</i> RANGE <i>33-E</i> NMPM.	8. Farm or Lease Name <i>New Mexico BX state</i>
15. Elevation (Show whether DF, RT, GR, etc.) <i>To be filled later.</i>	9. Well No. <i>6</i>
	10. Field and Pool, or Wildcat <i>Chavero San Andres</i>
	12. County <i>Chaves</i>

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐	OTHER ☐	CASING TEST AND CEMENT JOB ☒	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.

Ran 4429' (137 gts) 4 1/2" casing, 9.800, 5-55, set at 4440.
Cemented with 150 cps. Shave to 4440 followed by 200 cps.
Incon. test. Cement did not circulate. POB 3:30 PM 7-8-66.
WOC 24 hours. Top of cement at 3200 by temp. survey.
Tested casing with 1500 # pressure for 30 minutes - no drop in pressure. Preparing to perforate.

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

SIGNED *H. H. Tipton, Jr.* TITLE *Agent* DATE *7-21-66*
APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: