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NEW MEXICO OIL CONSERVATION COMMISSION

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

5a. Indicate Type of Lease
State <input type="checkbox"/> Fee <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No.

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO REOPEN OR PLUG BACK TO A DIFFERENT RESERVOIR.
USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

1. Name of Operator Humble Oil & Refining Company	7. Unit Agreement Name
2. Address of Operator Box 1800, Midland, Texas 79701	8. Farm or Lease Name Gilda A. Townsend A/C 2
3. Location of Well UNIT LETTER <u>0</u> , <u>1980</u> FEET FROM THE <u>east</u> LINE AND <u>660</u> FEET FROM THE <u>south</u> LINE, SECTION <u>7</u> TOWNSHIP <u>16S</u> RANGE <u>35E</u> NMPM.	9. Well No. 4
10. Field and Pool, or Wildcat Bidoon Penn	
11. Elevation (Show whether DF, RT, GR, etc.) 4056' DF	12. County Lea

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 ☐

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOBS ☐
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.

The following plugs have been approved by the NMCCC by phone on 11-1-66 as per Mr. Beville and Eric Engbrecht: Hole will be filled with mud laden fluid.

Plug #1 10,728 to 10,550 w/30 sx neat cmt.
#2 8,050 to 7850 w/40 sx neat cmt.
#3 7300 to 7400 w/25 sx neat cmt.
#4 6150 to 6050 w/25 sx neat cmt.
#5 4700 to 4500 w/50 sx neat cmt.
#6 20 to 0 w/10 sx neat cmt.

Install dry hole marker.

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

SIGNED A. L. Clemmer TITLE Agent DATE 11-2-66

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: