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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 type="checkbox"/> Fee <input checked="" type="checkbox"/>
2. Name of Operator HUMBLE OIL & REFINING COMPANY		5. State Oil & Gas Lease No. -
3. Address of Operator Box 2100, Hobbs, New Mexico 88240		7. Unit Agreement Name -
4. Location of Well UNIT LETTER "C" 660 FEET FROM THE North LINE AND 1980 FEET FROM West THE LINE, SECTION 9 TOWNSHIP 16-S RANGE 35-E NMPM.		8. Farm or Lease Name Hulda A. Townsend A/C
		9. Well No. 3
		10. Field and Pool, or Wildcat Townsend Wolfcamp
15. Elevation (Show whether DF, RT, GR, etc.) DF 4031.50		12. County Lea

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 type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER <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.

Well T.A.

Well Shut-In. Possible remedial work being studied.

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

SIGNED E. L. Davis TITLE District Adm. Supvr. DATE 5-10-65

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: