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LAND OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

Nov 15 8 17 AM '65

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.	
7. Unit Agreement Name	
8. Farm or Lease Name	
Hilda A. Townsend 262	
9. Well No.	
8	
10. Field and Pool, or Wildcat	
Townsend Wolfcamp	
12. County	
Lea	

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
P.O. Box 2100, Hobbs, New Mexico 88240
4. Location of Well
UNIT LETTER "LN" 660 FEET FROM THE West LINE AND 1980 FEET FROM THE South LINE, SECTION 9 TOWNSHIP 16-S RANGE 35-E NMPM.
15. Elevation (Show whether DF, RT, GR, etc.)
4033' 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"/>	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 temporarily abandoned. 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	COPY ORIGINAL SIGNED: E. S. DAVIS	TITLE	District Adm. Supvr.	DATE	12 11-11-65
APPROVED BY		TITLE		DATE	
CONDITIONS OF APPROVAL, IF ANY:					