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U.S.G.S.

LAND OFFICE

OPERATOR

NEW MEXICO OIL CONSERVATION COMMISSION

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

12 29 1969

5a. Indicate Type of Lease
State ☐ Fee ☒

5. State Oil & Gas Lease No.

-0-

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-

2. Name of Operator

Humble Oil & Refining Company

3. Address of Operator

% Hobbs Pipe & Supply Co. Box 2010 Hobbs, N.M.

4. Location of Well

UNIT LETTER C, 660 FEET FROM THE North LINE AND 1980 FEET FROM

THE West LINE, SECTION 21 TOWNSHIP 15 RANGE 36 NMPM.

7. Unit Agreement Name

-0-

8. Farm or Lease Name

D. H. Crockett

9. Well No.

1

10. Field and Pool, or Wildcat

Caudell Permo Perm

15. Elevation (Show whether DF, RT, GR, etc.)

Unknown

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 ☐PLUG AND ABANDON ☐CHANGE PLANS ☐OTHER ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐COMMENCE DRILLING OPNS. ☐CASING TEST AND CEMENT JOBS ☐OTHER ☐ALTERING CASING ☐PLUG AND ABANDONMENT ☒

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.

1. Spotted 50 sack cement plug across perfs 9730' - 9750' and 10,290' - 10,304'.
2. Pulled off at approximately 1500'.
3. Spotted a 50 sack cement plug at 5 1/2" casing stub at 1500'.
4. Cut and pulled approximately 300' of 9 5/8" casing.
5. Spotted a 50 sack cement plug at 9 5/8" casing stub at 300'.
6. Spotted a 10 sack cement plug at surface plug with marker.

Hole was loaded with mud laden fluid.

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

SIGNATURE

TITLE

DATE

9-26-69

APPROVED BY

TITLE

DATE

DEC 18 1975

CONDITION OF APPROVAL, IF ANY: