

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

| | |
|------------------------|--|
| NO. OF COPIES RECEIVED | |
| DISTRIBUTION | |
| SANTA FE | |
| FILE | |
| U.S.O.S. | |
| LAND OFFICE | |
| OPERATOR | |

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

| | |
|---|------------------------------|
| 5a. Indicate Type of Lease | |
| State <input checked="" type="checkbox"/> | Fee <input type="checkbox"/> |
| 5. State Oil & Gas Lease No. | |
| LG-2682-3 | |

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 - 1" (FORM C-101) FOR SUCH PROPOSALS.)

| | | | |
|---|--|--------------------------------|--|
| 1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- | | 7. Unit Agreement Name | |
| 2. Name of Operator | | 8. Farm or Lease Name | |
| J.M. Huber Corporation | | James O'Neill | |
| 3. Address of Operator | | 9. Well No. | |
| 1900 Wilco Building, Midland, Texas 79701 | | 3 | |
| 4. Location of Well | | 10. Field and Pool, or Wildcat | |
| UNIT LETTER F, 1980 FEET FROM THE north LINE AND 1980 FEET FROM THE west LINE, SECTION 7 TOWNSHIP 15S RANGE 35E NMPM. | | Morton Wolfcamp | |
| 15. Elevation (Show whether DF, RT, GR, etc.) | | 12. County | |
| KB 4055' | | Lea | |

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

| | |
|--|---|
| PERFORM REMEDIAL WORK <input type="checkbox"/> | PLUG AND ABANDON <input type="checkbox"/> |
| TEMPORARILY ABANDON <input type="checkbox"/> | CHANGE PLANS <input type="checkbox"/> |
| PULL OR ALTER CASING <input type="checkbox"/> | OTHER <input type="checkbox"/> |

SUBSEQUENT REPORT OF:

| | |
|---|--|
| REMEDIAL WORK <input type="checkbox"/> | ALTERING CASING <input type="checkbox"/> |
| COMMENCE DRILLING OPNS. <input type="checkbox"/> | PLUG AND ABANDONMENT <input type="checkbox"/> |
| CASING TEST AND CEMENT JOB <input type="checkbox"/> | OTHER <input checked="" type="checkbox"/> Install pumping unit |

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 1403.

8/27/85 to 9/2/85 Install Lufkin 640-365-144 pumping unit and related pumping equipment. Well quit flowing before installing unit. Production test after setting pumping unit is 35 BOPD, 1 BWPD, 70 MCFPD.

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

(915) 682-3794

SIGNED Robert R. Glenn Robert R. Glenn TITLE District Production Manager DATE Oct. 17, 1985

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT SUPERVISOR

APPROVED BY _____ TITLE _____ DATE OCT 21 1985

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED
OCT 18 1985
HOBBS
C-2
OFFICE