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NEW MEXICO OIL CONSERVATION COMMISSION

Nov 15 8 15 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 Samuel E. Cain	
9. Well No. 1	
10. Field and Pool, or Wildcat Hobbs East San Andres	
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"/>		7. Unit Agreement Name -	
2. Name of Operator HUMBLE OIL & REFINING COMPANY		8. Farm or Lease Name Samuel E. Cain	
3. Address of Operator P. O. Box 2100, Hobbs, New Mexico 88240		9. Well No. 1	
4. Location of Well UNIT LETTER <u>nm</u> <u>1980</u> FEET FROM THE <u>North</u> LINE AND <u>2310</u> FEET FROM THE <u>West</u> LINE, SECTION <u>30</u> TOWNSHIP <u>18-S</u> RANGE <u>39-E</u> NMPM.		10. Field and Pool, or Wildcat Hobbs East San Andres	
15. Elevation (Show whether DF, RT, GR, etc.) 3615' D.F.		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"/>	

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 shut-in. Holding for possible salt water disposal well.

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 11-12-65

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: