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NEW MEXICO OIL CONSERVATION COMMISSION

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

| | |
|---|------------------------------|
| 5a. Indicate Type of Lease | |
| State <input checked="" type="checkbox"/> | Fee <input type="checkbox"/> |
| 5. State Oil & Gas Lease No. B-936 | |

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 New Mexico State J |
| 3. Address of Operator P. O. Box 2100, Hobbs, New Mexico 88240 | | 9. Well No. 3 |
| 4. Location of Well UNIT LETTER <u>M</u> , <u>330</u> FEET FROM THE <u>South</u> LINE AND <u>330</u> FEET FROM THE <u>West</u> LINE, SECTION <u>19</u> TOWNSHIP <u>17-S</u> RANGE <u>35-E</u> NMPM. | | 10. Field and Pool, or Wildcat Vacuum |
| 15. Elevation (Show whether DF, RT, GR, etc.) 3998 D. F. | | 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 ☐
OTHER ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOB ☐
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.

Moved in and rigged up contract unit. Spotted 50 sxs. cement from 4952 to 4350. Pulled 3000' of 4 1/2" casing. Spotted 50 sxs. cement from 3100 to 2870. Spotted 50 sxs. cement from 1786 to 1628. Spotted 10 sxs. cement from 25 to surface. Fluid between plugs. Installed dry hole marker. Location cleaned and levelled.

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

SIGNED E. Williams TITLE Dist. Adm. Supvr. DATE 2-4-65

APPROVED BY Leslie A. Clements TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: