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LAND OFFICE	
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NEW MEXICO OIL CONSERVATION COMMISSION

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

MAY 6 2 53 PM '66

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

### 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	Northwest Eumont Unit
3. Address of Operator	8. Farm or Lease Name
Box 670, Hobbs, New Mexico	9. Well No.
4. Location of Well	10. Field and Pool, or Wildcat
UNIT LETTER <b>H</b> , <b>2310</b> FEET FROM THE <b>North</b> LINE AND <b>330</b> FEET FROM	<b>Eumont</b>
THE <b>East</b> LINE, SECTION <b>33</b> TOWNSHIP <b>19-S</b> RANGE <b>36-E</b> NMPM.	
15. Elevation (Show whether DF, RT, GR, etc.)	12. County
<b>3654' DF</b>	<b>Lea</b>

### Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

#### NOTICE OF INTENTION TO:

#### SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK ☐

TEMPORARILY ABANDON ☐

PULL OR ALTER CASING ☐

OTHER ☐

PLUG AND ABANDON ☐

CHANGE PLANS ☐

OTHER ☐

REMEDIAL WORK ☐

COMMENCE DRILLING OPNS. ☐

CASING TEST AND CEMENT JOB ☐

OTHER ☐

ALTERING CASING ☐

PLUG AND ABANDONMENT ☐

OTHER ☐

**CI Report**

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.

Closed well in, uneconomical to produce at this time.

THE COMMISSION MUST BE NOTIFIED  
EVERY 6 MONTHS ON FORM C-103  
AS TO THE WELL STATUS AND YOUR  
FUTURE PLANS FOR THIS WELL

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

ORIGINAL SIGNED BY

C. D. BORLAND

SIGNED

TITLE Area Production Manager

DATE May 5, 1966

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: