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NEW MEXICO OIL CONSERVATION COMMISSION

Nov 15 8 16 AM '65

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>B-935</b>

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 <b>HUMBLE OIL &amp; REFINING COMPANY</b>	8. Farm or Lease Name <b>New Mexico State</b>
3. Address of Operator <b>P.O. Box 2100, Hobbs, New Mexico 88240</b>	9. Well No. <b>2</b>
4. Location of Well UNIT LETTER <b>"N"</b> <b>660</b> FEET FROM THE <b>South</b> LINE AND <b>1986.7</b> FEET FROM THE <b>West</b> LINE, SECTION <b>17</b> TOWNSHIP <b>20-S</b> RANGE <b>37-E</b> NMPM.	10. Field and Pool, or Wildcat <b>Monument</b>
15. Elevation (Show whether DF, RT, GR, etc.) <b>3540' D.F.</b>	12. County <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 <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 JOBS <input type="checkbox"/>	OTHER <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.

**This well was shut-in April, 1963 due to producing 100% water. Possible remedial work being studied.**

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

**COPY ORIGINAL**  
SIGNED: **E. S. DAVIS**

SIGNED	TITLE <b>District Adm. Supvr.</b>	DATE <b>11-12-65</b>
APPROVED BY	TITLE	DATE
CONDITIONS OF APPROVAL, IF ANY:		