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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

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"/>		5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
2. Name of Operator <b>HUMBLE OIL &amp; REFINING COMPANY</b>		5. State Oil & Gas Lease No. <b>Assgn. No. 1318</b> <b>Lease No. 13772</b>
3. Address of Operator <b>P.O. Box 2100, Hobbs, New Mexico 88240</b>		7. Unit Agreement Name <b>-</b>
4. Location of Well UNIT LETTER <b>"H"</b> <b>1980</b> FEET FROM THE <b>North</b> LINE AND <b>660</b> FEET FROM THE <b>East</b> LINE, SECTION <b>31</b> TOWNSHIP <b>20-S</b> RANGE <b>37-E</b> NMPM.		8. Farm or Lease Name <b>Humble State Aggies</b>
15. Elevation (Show whether DF, RT, GR, etc.) <b>3544' D.F.</b>		9. Well No. <b>12</b>
		10. Field and Pool, or Wildcat <b>Eumont</b>
		12. County <b>Lea</b>

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 JOBS ☐  
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.

Well is temporarily abandoned. 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 **District Adm. Supvr.**

DATE **11-12-65**

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: