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NEW MEXICO OIL CONSERVATION COMMISSION

HOBBS OFFICE 0. C. C.
JUN 27 10 33 AM '67

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

| |
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| 5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/> |
| 5. State Oil & Gas Lease No. |
| 7. Unit Agreement Name |
| 8. Farm or Lease Name State "A" |
| 9. Well No. |
| 10. Field and Pool, or Wildcat Barent |
| 12. County Lee |

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"/> |
| 2. Name of Operator Hudon Oil Company |
| 3. Address of Operator P. O. Box 210, Bernal, New Mexico 87001 |
| 4. Location of Well UNIT LETTER <u>A</u> , <u>660</u> FEET FROM THE <u>North</u> LINE AND <u>660</u> FEET FROM THE <u>East</u> LINE, SECTION <u>8</u> TOWNSHIP <u>21S</u> RANGE <u>36E</u> N.M.P.M. |
| 15. Elevation (Show whether DF, RT, GR, etc.) 3584 DF |

| | |
|--|---|
| 16. 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"/> | REMEDIAL WORK <input type="checkbox"/> |
| TEMPORARILY ABANDON <input type="checkbox"/> | COMMENCE DRILLING OPNS. <input type="checkbox"/> |
| PULL OR ALTER CASING <input type="checkbox"/> | CASING TEST AND CEMENT JOBS <input type="checkbox"/> |
| OTHER <input type="checkbox"/> | OTHER <u>NIO Well</u> <input checked="" type="checkbox"/> |
| PLUG AND ABANDON <input type="checkbox"/> | ALTERING CASING <input type="checkbox"/> |
| CHANGE PLANS <input type="checkbox"/> | PLUG AND ABANDONMENT <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.

Replacement Well completed oil zone will remain shut in.

ILLEGIBLE

THE COMMISSION MUST BE NOTIFIED
WITHIN 30 DAYS OF THE DATE OF
COMPLETION OF THIS WELL

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

| | | |
|--|---------------------|-----------------|
| SIGNED ORIGINAL SIGNED BY HAROLD G. VEST | TITLE Area Supv. | DATE 6-20-67 |
| APPROVED BY | TITLE | DATE |
| CONDITIONS OF APPROVAL, IF ANY: | | |