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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-935**

**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>5</b>
4. Location of Well UNIT LETTER <b>NE</b> , <b>1980</b> FEET FROM THE <b>North</b> LINE AND <b>660</b> FEET FROM THE <b>West</b> LINE, SECTION <b>23</b> TOWNSHIP <b>21-S</b> RANGE <b>36-E</b> NMPM.	10. Field and Pool, or Wildcat <b>Eumont Oil</b>
15. Elevation (Show whether DF, RT, GR, etc.) <b>3574' 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 JOB <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.

**Well shut-in by N.M.O.C.C. due to GOR.**

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: