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OPERATOR		

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	
7. Unit Agreement Name -	
8. Farm or Lease Name New Mexico, State new	
9. Well No. 1	
10. Field and Pool, or Wildcat Drinkard	
12. County Lea	

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 HUMBLE OIL & REFINING COMPANY
3. Address of Operator P.O. Box 2100, Hobbs, New Mexico 88240
4. Location of Well UNIT LETTER "M" , 660 FEET FROM THE South LINE AND 660 FEET FROM THE West LINE, SECTION 10 TOWNSHIP 21-S RANGE 37-E NMPM.
15. Elevation (Show whether DF, RT, GR, etc.) 3476' D.F.

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. 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.

SIGNED COPY ORIGINAL SIGNED E. S. DAVIS	TITLE District Adm. Supvr.	DATE 11-12-65
APPROVED BY	TITLE	DATE
CONDITIONS OF APPROVAL, IF ANY:		