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# NEW MEXICO OIL CONSERVATION COMMISSION

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

5a. Indicate Type of Lease	
State <input type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No	

## 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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		7. Unit Agreement Name
2. Name of Operator <b>N. B. Hunt</b>		8. Farm or Lease Name <b>Weatherly</b>
3. Address of Operator <b>Drawer 1350, Midland, Texas 79701</b>		9. Well No. <b>1</b>
4. Location of Well UNIT LETTER <b>E</b> , <b>1980</b> FEET FROM THE <b>North</b> LINE AND <b>660</b> FEET FROM THE <b>West</b> LINE, SECTION <b>21</b> TOWNSHIP <b>21-N</b> RANGE <b>27-E</b> NMPM.		10. Field and Pool, or Wildcat <b>Eumont Gas</b>
15. Elevation (Show whether DF, RT, GR, etc.)		12. County <b>Lea</b>

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <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.

The well is currently shut in and possible workover operations are being considered. The Meter Run has been removed from this well.

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

SIGNED <u><i>[Signature]</i></u>	TITLE <b>District Superintendent</b>	DATE <b>7-2-74</b>
APPROVED BY <u><i>[Signature]</i></u>	TITLE _____	DATE _____
CONDITIONS OF APPROVAL, IF ANY:		