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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 ☒ Fee ☐  
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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name <i>Paddock (San Angelo) Unit</i>
2. Name of Operator <i>Humble Oil &amp; Refg Co</i>	8. Farm or Lease Name <i>Paddock (San Angelo) Unit</i>
3. Address of Operator <i>Box 1600 - Midland, Texas 79701</i>	9. Well No. <i>18</i>
4. Location of Well UNIT LETTER <i>E</i> <i>1980</i> FEET FROM THE <i>N</i> LINE AND <i>1980</i> FEET FROM THE <i>W</i> LINE, SECTION <i>2</i> TOWNSHIP <i>22-S</i> RANGE <i>37-E</i> NMPM.	10. Field and Pool, or Wildcat <i>Paddock</i>
15. Elevation (Show whether DF, RT, GR, etc.) <i>3375 - DF</i>	12. County <i>Lea</i>

16.

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

#### NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK <input checked="" 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.

*Perforate additional interval from 5065'-5080' w/ 1-RASF jet shot / ft.*

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

SIGNED *[Signature]* TITLE *Unit Head* DATE *3/21/68*  
APPROVED BY *[Signature]* TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY: