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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
2. Name of Operator <i>Humble Oil & 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>39</i>
4. Location of Well UNIT LETTER <i>O</i> <i>660</i> FEET FROM THE <i>S</i> LINE AND <i>1980</i> FEET FROM THE <i>E</i> LINE, SECTION <i>3</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>3399 DF</i>	12. County <i>Lea</i>

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 <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.

Installed pumping equipment.

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

SIGNED *R. L. Perry* TITLE *Unit Head* DATE *4/25/68*

APPROVED BY *[Signature]* TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: