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NEW MEXICO OIL CONSERVATION COMMISSION

Nov 15 8 15 AM '65

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

<p align="center">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 -1" (FORM C-101) FOR SUCH PROPOSALS.)</p>		<p>5a. Indicate Type of Lease State <input type="checkbox"/> Fee <input checked="" type="checkbox"/></p>
<p>OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- Water Injection Well</p>		<p>5. State Oil & Gas Lease No. -</p>
<p>Name of Operator HUMBLE OIL & REFINING COMPANY</p>		<p>7. Unit Agreement Name -</p>
<p>Address of Operator P. O. Box 2100, Hobbs, New Mexico 88240</p>		<p>8. Farm or Lease Name J. L. Greenwood</p>
<p>Location of Well 4620 North 4620 UNIT LETTER nm FEET FROM THE LINE AND FEET FROM East THE LINE, SECTION 9 TOWNSHIP 22-S RANGE 37-E NMPM.</p>		<p>9. Well No. 3</p>
<p>10. Field and Pool, or Wildcat Penrose Skelly</p>		
<p>15. Elevation (Show whether DF, RT, GR, etc.) 3412' D.F.</p>		<p>12. County Lea</p>

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

<p>NOTICE OF INTENTION TO:</p>		<p>SUBSEQUENT REPORT OF:</p>	
<p>REPAIR REMEDIAL WORK <input type="checkbox"/></p>	<p>PLUG AND ABANDON <input type="checkbox"/></p>	<p>REMEDIAL WORK <input type="checkbox"/></p>	<p>ALTERING CASING <input type="checkbox"/></p>
<p>TEMPORARILY ABANDON <input type="checkbox"/></p>	<p>CHANGE PLANS <input type="checkbox"/></p>	<p>COMMENCE DRILLING OPNS. <input type="checkbox"/></p>	<p>PLUG AND ABANDONMENT <input type="checkbox"/></p>
<p>WELL OR ALTER CASING <input type="checkbox"/></p>	<p>OTHER <input type="checkbox"/></p>	<p>CASING TEST AND CEMENT JOB <input type="checkbox"/></p>	<p>OTHER <input type="checkbox"/></p>

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 and will remain shut-in until some disposition can be made.

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

NAME _____ TITLE **District Adm. Supvr.** DATE **11-12-65**

PROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: