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NEW MEXICO OIL CONSERVATION COMMISSION

NOV 19 8 13 AM '65

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 checked="" type="checkbox"/>
5. State Oil & Gas Lease No. -
7. Unit Agreement Name -
8. Farm or Lease Name J. L. Greenwood
9. Well No. 8
10. Field and Pool or Wildcat Penrose Skelly
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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- Water Injection Well
2. Name of Operator HUMBLE OIL & REFINING COMPANY
3. Address of Operator P.O. Box 2100, Hobbs, New Mexico 88240
4. Location of Well W0N 660 South 1981 UNIT LETTER East FEET FROM THE 9 LINE AND 22-S FEET FROM 37-E THE 9 LINE, SECTION 22-S TOWNSHIP 37-E RANGE 9 NMPM.
15. Elevation (Show whether DF, RT, GR, etc.) 3423' D.F.

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

18. 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 District Adm. Supvr. **11-12-65**

SIGNED _____ TITLE _____ DATE _____

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: