NO. OF COPIES RECEIVED		
	,	Form C-103
DISTRIBUTION		Supersedes Old
SANTAFE	NEW MEXICO OIL CONSERVATION COMMISSION	C-102 and C-103 N Effective 1-1-65
FILE		
U.S.G.S.		5a. Indicate Type of Lease
LAND OFFICE		State Fee X
OPERATOR		5, State Oil & Gas Lease Nc.
CLUDDA	/ NOTICES 1110 P.	
(DO NOT USE THIS FOR PROPERTY	Y NOTICES AND REPORTS ON WELLS POSALS TO DEILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVO  ON FOR FERMIT (FORM C-101) FOR SUCH PROPOSALS.)	OIR.
1.	FOR PERMIT 200 (FORM C-101) FOR SUCH PROPOSALS.)	7. Unit Agreement Name
OIL GAS WELL	OTHER-	7. One Agreement Name
2. Name of Operator		8. Farm or Lease Name
Humble Cal & Refa Co		J.L. Greenwood
of Hadrens of Operator		9. Well No.
Box 1600 - Midland Texas 79701		7
	980 FEET FROM THE S LINE AND 2080	10. Field and Pool, or Wildcat
UNIT LETTER	100 FEET FROM THE SLINE AND 2080	FEET FROM Grunson Ellenburger
THE E	9 TOWNSHIP 22-S RANGE 37-E	
LINE, SECTION	TOWNSHIP ACO RANGE DIE	NMPM. (
	15. Elevation (Show whether DF, RT, GR, etc.)	12. County
	3422 DF	Lea IIIIIII
Check Ap	ppropriate Box To Indicate Nature of Notice, Repo	ort or Other Data
NOTICE OF INT		SEQUENT REPORT OF:
F		
PERFORM REMEDIAL WORK	PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON	COMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING	CHANGE PLANS CASING TEST AND CEMENT JO	O,B
OTHER	OTHER	
<ol> <li>Describe Proposed or Completed Oper work) SEE RULE 1103.</li> </ol>	ations (Clearly state all pertinent details, and give pertinent dates	s, including estimated date of starting any proposed
Me oronosa t	also and about a wall	
vie propose 10	plug and abandon well a	is follows.
1. Set emt pl	ing from 7740 to 8067' wy	50 S9X.
Z Salvage a	-pprox 2550-51/2" CSq.	
2 50:4 50 5	PP. 2000 072 009.	
3. Spor 50 Sa	ax emt across esq eut	40
4. Set Cmt p	lug trom 35' to surface u	y 1054X.
5. Install du	whole marker and clean	Location.
1 Mun lada	ax Cmt across esq Cut iug from 351 to surface u y hole marker and clean n fluid between plugs.	
6, 10100 RIGE	A FILIT DETIVEER, PIOGS.	
18. I hereby certify that the information ob-	ove is true and complete to the best of my knowledge and belief.	
June (in milormation abo	and complete to the best of my knowledge and belief.	
Than I	12/2/1/21	261
NIGNED	TITLE VINE HEAD	DATE 0/9/70
1/ ~ 1/2 /-		
APPROVED BY THE	Will Title	
CONDITIONS OF APPROVAL, IF ANY:		DATE
/		