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NEW MEXICO OIL & GAS COMMISSION

MAY 27 10 54 AM '66

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 & Refining Company</i>	8. Farm or Lease Name <i>J. L. Greenwood</i>
3. Address of Operator <i>P.O. Box 1600, Midland, Texas 79701</i>	9. Well No. <i>10</i>
4. Location of Well UNIT LETTER <i>"P"</i> <i>660</i> FEET FROM THE <i>South</i> LINE AND <i>760</i> FEET FROM THE <i>East</i> LINE, SECTION <i>9</i> TOWNSHIP <i>22-S</i> RANGE <i>37-E</i> NMPM.	10. Field and Pool, or Wildcat <i>Brunson Ellsburger</i>
15. Elevation (Show whether DF, RT, GR, etc.) <i>3428' S. F.</i>	12. County <i>Lea</i>

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 JOBS <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; well uneconomical to produce.

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

SIGNED *A. L. Clemmer* TITLE *Agent* DATE *5-25-66*

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: