| NO. OF COPIES RECEIVED | 7 ~ | | F G 100 |
|---|--|----------------------------------|---|
| DISTRIBUTION | - | | Form C-103 Supersedes Old |
| | | <u></u> | C-102 and C-103 |
| SANTAFE | NEW MEXICO OIL CONSERVA | THON COMMISSION B. B. | Effective 1-1-65 |
| FILE | <u>. </u> | | |
| U.S.G.S. | | lur 25 9 28 AM '66 | 5a. Indicate Type of Lease |
| LAND OFFICE | | DE 23 G 20 MI 99 | State Fee X |
| OPERATOR | | | 5. State Oil & Gas Lease No. |
| 4 | | | - |
| 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. | | | 7, Unit Agreement Name |
| OIL GAS WELL X | OTHER- | | |
| 2. Name of Operator | | | 8. Farm or Lease Name |
| HUMBLE OIL & REFINING COMPANY | | | W. B. Ferrell |
| 3, Address of Operator | | | 9. Well No. |
| P. O. Box 2100, Hob | bs, New Mexico 88240 | | <u> </u> |
| 4. Location of Well | | | 3 |
| I - | 01d0: Fact | 18801 | 10. Field and Pool, or Wildcat |
| UNIT LETTER | 21801 FEET FROM THE East | I OOU . | Drinkard |
| | 22 township 22-S | | |
| zine, 320 | TOWNSHIP | HANGENM | (IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII |
| | 15. Elevation (Show whether DF, R | T, GR, etc.) | 12, County |
| | 3359 Elev. RDB | | Lea |
| 16. | | | |
| | Appropriate Box To Indicate Nature | e of Notice, Report or (| Other Data |
| NOTICE OF | INTENTION TO: | SUBSEQUE | NT REPORT OF: |
| | | | |
| PERFORM REMEDIAL WORK | PLUG AND ABANDON REMI | EDIAL WORK | ALTERING CASING |
| TEMPORARILY ABANDON | сом | MENCE DRILLING OPNS. | PLUG AND ABANDONMENT |
| PULL OR ALTER CASING | CHANGE PLANS CASI | NG TEST AND CEMENT JOB | |
| | | THER | |
| OTHER | | | |
| | | | |
| 17. Describe Proposed or Completed | Operations (Clearly state all pertinent details, a | nd give pertinent dates, includi | ing estimated date of starting any proposed |
| work) SEE RULE' 1 103. | | | |
| | | | |
| · | | | |
| To locate indicated | leak in 5-1/2 inch casing ar | d rengir, either h | v casing patch or squeeze |
| | TOUR IN 9=1/2 Inch casing an | a repair, eroner | J caping parent or 14ments |
| | | | |
| cementing. | • | | |
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| 18. I hereby certify that the informati | on above is true and complete to the best of my k | nowledge and belief. | |
| | | | 110- |
| SIGNED ORIGINAL IN 11 | OTTOLICALO Distri | ct Services Supvr. | 7/22/66 |
| SIGNED: V. | SIELENS TITLE | | DATE |
| | | | |
| | | | |
| APPROVED BY | ŤĮTLE | | DATE |
| CONDITIONS OF APPROVAL, IF AN | Y: | | |
| · . | | | |
| | | | |