10. OF COPIES RECEIVED			,		Form C-103			
DISTRIBUTION	RIBUTION					Supersedes Old C-102 and C-103		
NTAFE	TAFE NEW MEXICO OIL. CONSERVATION COMMISSION					·65 [°]		
LE								
s.g.s.					5a. Indicate Type	of Lease		
IND OFFICE					State X	Fee,		
'ERATOR					5. State Oil & Go	ıs Lease No.		
	<u> </u>				B - 934			
SUN	DRY NOTICES AND	REPORTS ON WE	=IIS		MITTELL	HIHIHI		
SUN (DO NOT USE THIS FORM FOR USE "APPLIE								
					7. Unit Agreemen	it Name		
OIL X GAS WELL	OTHER.				 -	-		
June of Operator					8. Farm or Lease	Name		
Humble Oil & Refining Company					N. Mexico State M			
Hirespirof Operator	9. Well No.							
P. O. Box 2100	35							
position of Well	10. Field and Pool, or Wildcat							
UNIT LETTER	1880	Langlie-Mattix						
					(())()()()	mmm		
East	30	2 2- S		37 - E				
LINE, 5E	:TION TO	WNSHIP	RANGE	NMPN				
THINTINITY IN	15, Elevati	Ion (Show whether DF.	, RT, GR, etc.		12. County	HHHHH		
		3419 D. F.			Lea			
Chan	la Annonsiata Dan		·	n .		<u> </u>		
	k Appropriate Box	to Indicate Nati	are of Notic					
NOTICE OF	INTENTION TO:			SUBSEQUEN	T REPORT OF:			
				ি				
FORM REMEDIAL WORK	PLU G	AND ABANDON	E* STAL WORK	Ä	ALTER	ING CASING		
1PORAPILY ABANDON			OFFICE DRILL		PLUG A	ND ABANDONMENT		
L OR A TER CASING	CHANG	E PLANS	ASING TEST AND	CEMENT JOB				
			OTHER					
OTHER								
Describe Proposed or Completed	Operations (Clearly stat	e all pertinent details	and give pert	inent dates includin	a estimated date of	etarting any proposed		
work) SEE RULE 1103.		,,	, gree pert	mone waters, the place of	g commuted date of s	starting any proposed		
Moved in and rig tbg. Dropped 20 After dropping of of 43 days fish: Tested. Well p	8 jts. tbg. (or: of tbg., compan; ing before fish	iginally job was recovered	was to pe ffand con d. Reran	rform rounti tract unit m tbg. and ro	ne maintenan loved in. To	oce). Ook total		
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				x				
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hereby certify that the informati	ion above is true and com	plete to the best of m	y knowledge ar	id belief.				
21/	•	•						
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ED CONTRACTOR		_ TITLE <u>Dist</u>	Aom St	ipvr.	DATE	+− 65		
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DITIONS OF APPROVAL, IF ANY: