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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease
State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.
B-934

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 Humble Oil & Refg Co	8. Farm or Lease Name New Mex "S" State
3. Address of Operator Box 1600 - Midland, Texas 79701	9. Well No. 25
4. Location of Well UNIT LETTER N 810 FEET FROM THE S LINE AND 2130 FEET FROM THE W LINE, SECTION 2 TOWNSHIP 22-S RANGE 37-E NMPM.	10. Field and Pool, or Wildcat Perrine-Stall, G. & G.
15. Elevation (Show whether DF, RT, GR, etc.) 3367 DF	12. County Lea

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 checked="" 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 3-1-68 to study possible workover.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
SIGNED	R. L. Barry	TITLE	Unit Head
DATE	3-20-68	DATE	
APPROVED BY	[Signature]	TITLE	
CONDITIONS OF APPROVAL, IF ANY:			