DISTRIBUTION		
		Supersedes Old C-102 and C-103
SANTAFE	NEW MEXICO OIL CONSERVATION COMMISSION	Effective 1-1-65
FILE		
		5a. Indicate Type of Lease
U.S.G.S.		State Fee 🔀
LAND OFFICE	.1	5. State Oil & Gas Lease No.
OPERATOR		
SUNDRY	NOTICES AND REPORTS ON WELLS	
USE "APPLICATION	SALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. FOR PERMIT - " (FORM C-101) FOR SUCH PROPOSALS.)	7. Unit Agreement Name
1. OIL GAS		7. Offic Agreement (while
WELL WELL	OTHER.	8. Farm or Lease Name
2. Name of Operator	1. 1	11. 51
Humble ait & AL	lining Company	9. Well No.
3. Address of Operator		
Box 1600 Milles	nd 7esas 79701	10. Field and Pool, or Wildcat
4. Location of Well		
UNIT LETTER D	60 FEET FROM THE South LINE AND 1980 FEET	FROM PROMILE 5/15
3441		
THE FIRST LINE, SECTION _	23 TOWNSHIP 24-5 RANGE 36-E	NMPM.
THE LINE, SECTION	TOTAL	
	15. Elevation (Show whether DF, RT, GR, etc.)	12. Sounty
	3741 8 7 8	Tra (1111111111
16.		on Other Date
-	propriate Box To Indicate Nature of Notice, Report	or Other Data
NOTICE OF INT	ENTION TO: SUBSEQ	UENT REPORT OF:
	<u>_</u>	
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 JOB	
-	OTHER	
OTHER		
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	above is true and complete to the best of my knowledge and belief.	
	above is true and complete to the best of my knowledge and belief.	
	TITLE LIMENT	
	above is true and complete to the best of my knowledge and belief.	
18. I hereby certify that the information a	thove is true and complete to the best of my knowledge and belief.	DATE 2-20-65
18. I hereby certify that the information a	thove is true and complete to the best of my knowledge and belief.	DATE 2-20-65
18. I hereby certify that the information a signed.  APPROVED BY	thove is true and complete to the best of my knowledge and belief.	DATE 2-20-65

DISTRIBUTION SANTA FE	NEW MEXICONOLLICONSERVENDO.C	
U.S.G.S.  LAND OFFICE  OPERATOR	JUL 31 7 51 AM '6	5, State Oil & Gas Lease No.
I. OIL GAS WELL X	NOTICES AND REPORTS ON WELLS OSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFER ON FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)  OTHER-	7. Unit Agreement Name
8. Address of Operator	fining Company nd Texas 19101	8. Farm or Lease Name  Alex E Themas 9. Well No.
4. Location of Well  UNIT LETTER	60 FEET FROM THE Sauth LINE AND	1980 FEET FROM STANDARD STANDA
	15. Elevation (Show whether DF, RT, GR, et $3341\ RDB$	(c.) 12. County
Check A	ppropriate Box To Indicate Nature of Nortention To:	tice, Report or Other Data SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK  TEMPORARILY ABANDON  PULL OR ALTER CASING	PLUG AND ABANDON REMEDIAL WOR COMMENCE DRI CHANGE PLANS CASING TEST A OTHER	
	existions (Clearly state all pertinent details, and give po	ertinent dates, including estimated date of starting any proposed
18. I hereby certify that the information a	shove is true and complete to the best of my knowledge	and belief.  DATE 7-27-67
APPROVED BY CONDITIONS OF APPROVAL, IF ANY:	TITLE	DATE

NO. OF COPIES RECEIVED				€.	Form C-103
DISTRIBUTION				<b>&amp;:</b>	Supersedes Old C-102 and C-103
SANTA FE	NE NE	W MEXICO OIL CONSI	RYATION COMMISSION	67	Effective 1-1-65
FILE		•	INI sa Au and Sala s	_	
U.S.G.S.			:		5a. Indicate Type of Lease
LAND OFFICE					State Fee.
OPERATOR					5. State Oil & Gas Lease No.
				<u></u>	mmmm
(DO NOT USE THIS FORM USE **A	SUNDRY NOTICES  I FOR PROPOSALS TO DRILL  APPLICATION FOR PERMIT	AND REPORTS ON LOR TO DEEPEN OR PLUG BA	WELLS ACK TO A DIFFERENT RESERVOI A PROPOSALS.)	۸.	
OIL GAS WELL WELL	OTHER.				7. Unit Agreement Name
2. Name of Operator	l & Refinin	a Company			ala E. Thomas
Bo-L 1600	U	Dexas 79	701		9. Well No.
4. Location of Well UNIT LETTER O	. 660	FROM THE Smith	LINE AND 1980	FEET FROM	Aulmat Bas
THE East LINE	E, SECTION 23		S RANGE 36-E		
	15.	Elevation (Show whether 3341 RD			12, County
	** *	Box To Indicate N	ature of Notice, Repo		
NOTICE	E OF INTENTION T	0:	300.	SEQUENT	REPORT OF.
PERFORM REMEDIAL WORK		PLUG AND ABANDON	REMEDIAL WORK  COMMENCE DRILLING OPNS.		ALTERING CASING  PLUG AND ABANDONMENT
PULL OR ALTER CASING		CHANGE PLANS	CASING TEST AND CEMENT JO	ou [	ro)
OTHER			OTHER		
17 Describe Proposed or Com	pleted Operations (Clear	ly state all pertinent deta	ails, and give pertinent date	s, including	estimated date of starting any proposed
Well Shu	it in. Pa	ssible w	orkover b	einq	Studied.
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18. I hereby certify that the int	11	and complete to the best	of my knowledge and belief.		5-5-67
BIGNED XX 1	Ulmmer	TITLE	vigen		DATE
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CONDITIONS OF APPROVAL, IF ANY: