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HOBBS OFFICE O. C. C.
NEW MEXICO OIL CONSERVATION COMMISSION
JUN 2 11 34 AM '67

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

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"/>	5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
2. Name of Operator <i>Ralph Lowe</i>	5. State Oil & Gas Lease No. <i>B-0934</i>
3. Address of Operator <i>PO Box 832, Midland, Texas 79701</i>	7. Unit Agreement Name
4. Location of Well UNIT LETTER <i>A</i> , <i>660</i> FEET FROM THE <i>North</i> LINE AND <i>1980</i> FEET FROM THE <i>East</i> LINE, SECTION <i>36</i> TOWNSHIP <i>25</i> RANGE <i>36 E</i> NMPM.	8. Farm or Lease Name <i>Humble-Statc</i>
15. Elevation (Show whether DF, RT, GR, etc.)	9. Well No. <i>1</i>
	10. Field and Pool, or Wildcat <i>Jalisco 4000 7 Rivers Texas</i>
	12. County <i>Lea</i>

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER <i>Well Temporarily Abandoned</i> <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 and Temporarily Abandoned. Maybe Put back on Production at a later date

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

WITNESSED BY *Leslie A. Clement* TITLE *Agent* DATE *6/1/67*
CONDITIONS OF APPROVAL, IF ANY: _____ DATE _____