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NO. OF CODIES RECEIVED			Form C-103
DISTRIBUTION			Supersedes Old C-102 and C-103
SANTAFE	NEW MEXICO OIL CONSERVATION COMMISSION $G_{t}(G, \mathcal{O}_{t})$		Effective 1-1-65
FILE		JUL ZIL D	·•
U.S.G.S.		30L ZH & 40 AM '69	5a, Indicate Type of Lease
LAND OFFICE		"" " " " " " " " " " " " " " " " " " " "	State X Fee
OPERATOR			5. State Oil & Gas Lease by E-20f
			E-2013, E-596, E-677, E-93
SUNDR'	Y NOTICES AND REPORTS ON	WELLS	
USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)			
I. OIL CAS [Y]			7. Unit Agreement Name
WELL Name of Operator			South Four Lakes Unit
Humble Oil & Refining Company			8, Farm or Lease Name
3. Address of Operator		·	
Box 1600, Midland, Texas 79701			9. Well No. 2
			-
4. Location of Well			10. Field and Pool, or Wildcat
UNIT LETTER G . 1980 FEET FROM THE North LINE AND 1980 FEET FROM			Four Lakes Devonian
THE East LINE, SECTION 2 TOWNSHIP 12-S RANGE 34-E NMPM.			
mmmmm		DE DE CO	
15. Elevation (Show whether DF, RT, GR, etc.)			12. County
	77777	4156 DF	Lea
Check A	ppropriate Box To Indicate N	lature of Notice, Report or Oth	er Data
NOTICE OF IN	TENTION TO:	SUBSEQUENT	REPORT OF:
		-	•
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 JQB	
		OTHER	
OTHER	LJ		
17. Describe Proposed or Completed Ope	erations (Clearly state all pertinent dete	ails, and give pertinent dates, including	estimated date of starting any proposed
work) SEE RULE 1103.	, , , , , , , , , , , , , , , , , , , ,		commerce date of comments and proposed
Pulled rods tubing an	d monten		
	at 12610' with cement of	202	
	ing from 12558 to 12567	with 2 RASF shots per fo	**
Rerun tubing and hook	wall packer w/3 jts. tai	il nine below nacken	,
5. Spot acid around bott	om over perforations se	et packer and completed a	oddizing w/1 000
gallons of 15% regular	r N.E. acid.	packer and compressed t	.c. 1,000
	ater. Shut in for furth	ner study.	
remained the management of the		ioi boady .	·
•			
			<u>:</u>
		•	
•			
		•	
18. I hereby certify that the information a	bove is true and complete to the best o	f my knowledge and belief.	
SIRA		-	
BIGNED TO EMMINE	TITLE	Proration Supervisor	DATE 7-18-69
	//)	menuicop ructour	
SUPERVISOR DISTRICE T			1111 9 / 1000
APPROVED BY TITLE			J <u>UL 24 1969</u>
CONDITIONS OF APPROVAL, IF ANY:			
	•		