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LAND OFFICE		
OPERATOR		

NEW MEXICO OIL CONSERVATION COMMISSION

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

LE: 11-15-1967

5a. Indicate Type of Lease
State Fee

5. State Oil & Gas Lease No.

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 - 1" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL GAS WELL OTHER-

2. Name of Operator
Humble Oil & Refg Co.

3. Address of Operator
P.O. Box 1600 - Midland, Texas

4. Location of Well
UNIT LETTER *B* *660* FEET FROM THE *N* LINE AND *1980* FEET FROM
THE *E* LINE, SECTION *7* TOWNSHIP *19-S* RANGE *35-E* N.M.P.M.

7. Unit Agreement Name

8. Farm or Lease Name
Charles S. Alves

9. Well No.
1

10. Field and Pool, or Wildcat
Scharb Bone Spring

15. Elevation (Show whether DF, RT, GR, etc.)
3909 DF

12. County
Lea

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input checked="" 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"/>	

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.

Perforate zone from 10,125' to 10,144' w/ 2 - RASF jet shots per foot, Reporforate zone from 10,144' to 10,159' w/ 1-RASF jet shot per foot, Acidize, swab, and return well to production.

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

SIGNED *R. J. Berry* TITLE *Unit Head* DATE *12-27-1967*

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: