

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

HOBBS OFFICE 9.6.6.
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 type="checkbox"/> Fee <input type="checkbox"/>
5. State Lease No. E-9089

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. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER	7. Unit Agreement Name
2. Name of Operator Humble Oil & Refining Company	8. Farm or Lease Name New Mexico Oil State
3. Address of Operator Box 2100, Hobbs, New Mexico	9. Well No. 1
4. Location of Well K 1874 South 2086 UNIT LETTER West FEET FROM THE 20 LINE AND 8S FEET FROM 33E THE 4402 RDB LINE, SECTION TOWNSHIP RANGE NMPM.	10. Field and Pool, or Wildcat Tobac Penn
15. Explain 4402 RDB whether DF, RT, GR, etc.)	12. County Chaves

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

NOTICE OF INTENTION TO:

<input checked="" type="checkbox"/> 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

SUBSEQUENT REPORT OF:

<input type="checkbox"/> 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

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.

1. Pull rods and pump.

2. Re-acidize perforations at 8990, 8991, 8992, and 8993 feet with 4,000 gallons of Halliburton 10% MCA acid containing three-tenths % inhibitor and 3% Morflo II.

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

SIGNED R. L. Alworth TITLE District Superintendent DATE 3-3-66

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: