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NEW MEXICO OIL CONSERVATION COMMISSION C. C. C.

AUG 8 9 59 AM '66

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

5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. E-9089
7. Unit Agreement Name
8. Farm or Lease Name New Mexico BW State
9. Well No. 2
10. Field and Pool, or Wildcat Tobac-Penn
12. County Chaves

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"/>
2. Name of Operator Humble Oil & Refining Company
3. Address of Operator Box 2100, Hobbs, New Mexico 88240
4. Location of Well UNIT LETTER <u>F</u> , <u>1980</u> FEET FROM THE <u>North</u> LINE AND <u>1980</u> FEET FROM THE <u>West</u> LINE, SECTION <u>20</u> TOWNSHIP <u>8S</u> RANGE <u>33E</u> NMPM.
15. Elevation (Show whether DF, RT, GR, etc.) 4403 RDB

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 JOBS <input type="checkbox"/>	OTHER <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.

Acidize perforations with 2,000 gallons of Halliburton 10% MCA acid with inhibitor and Morflo II. Perforations from 8982 to 8986 feet.

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

SIGNED L. L. Alvarado TITLE District Superintendent DATE 8-5-66

/mcb
APPROVED BY [Signature] TITLE DATE

CONDITIONS OF APPROVAL, IF ANY: