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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 checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. K-4495

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"/>	7. Unit Agreement Name
2. Name of Operator Humble Oil & Refining Company	8. Farm or Lease Name N. M. State BX
3. Address of Operator Box 2100, Hobbs, New Mexico	9. Well No. 1
4. Location of Well UNIT LETTER <u>M</u> <u>557</u> FEET FROM THE <u>South</u> LINE AND <u>772</u> FEET FROM THE <u>West</u> LINE, SECTION <u>16</u> TOWNSHIP <u>8-S</u> RANGE <u>33-E</u> NMPM.	10. Field and Pool, or Wildcat Tobac
15. Elevation (Show whether DF, RT, GR, etc.) DF-4396	12. County Chaves

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.

Stimulate with 3,000 gallons non-emulsion acid and restore top allowable production.

Starting Date: 2-2-65

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

/mcb

SIGNED <u>[Signature]</u>	TITLE <u>District Superintendent</u>	DATE <u>2-1-65</u>
APPROVED BY <u>[Signature]</u>	TITLE _____	DATE _____
CONDITIONS OF APPROVAL, IF ANY:		