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NEW MEXICO OIL CONSERVATION COMMISSION

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

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| 5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/> |
| 5. State Oil & Gas Lease No. OG - 6006 |
| 7. Unit Agreement Name - |
| 8. Farm or Lease Name Tobac State Oil Com. |
| 9. Well No. 1 |
| 10. Field and Pool, or Wildcat Tobac Pennsylvanian |
| 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 1600, Midland, Texas 79701 |
| 4. Location of Well UNIT LETTER <u>D</u> <u>660</u> FEET FROM THE <u>North</u> LINE AND <u>660</u> FEET FROM THE <u>West</u> LINE, SECTION <u>21</u> TOWNSHIP <u>8-S</u> RANGE <u>33-E</u> NMPM. |
| 15. Elevation (Show whether DF, RT, GR, etc.) 3993 DF |

16.

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

NOTICE OF INTENTION TO:

| | |
|-----------------------|--------------------------|
| PERFORM REMEDIAL WORK | <input type="checkbox"/> |
| TEMPORARILY ABANDON | <input type="checkbox"/> |
| PULL OR ALTER CASING | <input type="checkbox"/> |
| OTHER | <input type="checkbox"/> |

| | |
|------------------|--------------------------|
| PLUG AND ABANDON | <input type="checkbox"/> |
| CHANGE PLANS | <input type="checkbox"/> |
| OTHER | <input type="checkbox"/> |

SUBSEQUENT REPORT OF:

| | | | |
|----------------------------|-------------------------------------|----------------------|--------------------------|
| REMEDIAL WORK | <input checked="" 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 | <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.

5-9-67 Western Company acidized perms. from 8984 - 8987' w/5000 gal. 15% NE, Retarded acid @ 5 BPM. Max. 1400 psi SIP on Vacuum. Returned well to production.

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

SIGNED D. L. Clemmer TITLE Agent DATE 5-19-67

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: