NO. OF COPIES RECEIVED		1					Form C-103		
DISTRIBUTION		†				Supersedes Old C-102 and C-103			
SANTA FE		NEW MEXICO OIL CONSERVATION COMMISSION					Effective 1-1-65		
FILE		1		•				•	
U.S.G.S.] -			and the second of the second o	ŕ	5a. Indicate Type		
LAND OFFICE					an de terror de la compatible de la compat La compatible de la compa		State X	Fee	
OPERATOR		_]					5. State Oil & Ga		
					· · · · · · · · · · · · · · · · · · ·		E-90	**************************************	
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.)									
I. OIL X GAS OTHER-							7. Unit Agreemen	_	
2. Name of Operator							8. Form or Lease Name		
Humble Oil & Refining Company							Tobac State Oil Com. A		
3. Address of Operator							9. Well No.		
P. O. Box 1600 - Midland, Texas 79701							10. Field and Pool, or Wildcat		
4. Location of Well UNIT LETTER L 660 FEET FROM THE West LINE AND 2130 FEET FR							Tobac Pennsylvanian		
UNIT LETTER		FEE	T FROM THE	MCSC	LINE AND	FEET FROM	111111111		
THE South LINE, SECTION 20 TOWNSHIP 8-S RANGE 33-E NMPN									
15. Elevation (Show whether DF, RT, GR, etc.)							12. County	XIIIIII	
4393 DF							Chaves		
16.	Check	Appropriate	Box To In	dicate N	ature of Notice, Re	port or Oth	er Data		
		NTENTION		1		-	REPORT OF:		
	- 0			-					
PERFORM REMEDIAL WORK]		PLUG AND AB	ANDON .	REMEDIAL WORK	X	ALTER	ING CASING	
TEMPORARILY ABANDON]	•	•		COMMENCE DRILLING OPNS		PLUG A	AND ABANDONMENT	
PULL OR ALTER CASING] .		CHANGE PLAN	s 🔲	CASING TEST AND CEMENT	108		_	
					OTHER				
OTHER				LJ					
17. Describe Proposed or Conwork) SEE RULE 1103.	mpleted (perations (Člea	arly state all pe	ertinent deta	nils, and give pertinent dat	es, including	estimated date of	starting any proposed	
	_					2 254			
5-9-67 Western	Comp	any acidiz	ed perfs	. 8986	- 8990' w/5000 g	gal. 15%,	NE, retard	lea	
acid @ 5.5 BPM.	Max	. 1400 ps1	, SIP va	cuum.	Returned well to	product	on.		
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			<u>.</u> .						
18. I hereby certify that the i	informatio	on above is true	and complete	to the best	of my knowledge and belie	f.			
Λ	o no	1							
SIGNED XV. X.	16	tmme	<u> </u>	TITLE	Agent		_ DATE	5-19-67	
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CONDITIONS OF APPROVAL, IF ANY: