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OPERATOR		

HOBBS OFFICE O.C.C.

NEW MEXICO OIL CONSERVATION COMMISSION

MAR 14 8 37 AM '66

5a. Indicate Type of Lease
State [X]   Fee. [ ]

5. State Oil & Gas Lease No.
E-2064

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 [X]   GAS WELL [ ]   OTHER-

7. Unit Agreement Name
South Four Lakes Unit

2. Name of Operator
Humble Oil & Refining Company

8. Farm or Lease Name

3. Address of Operator
Box 2100, Hobbs, New Mexico

9. Well No.
1

4. Location of Well

UNIT LETTER __B__ , __660__ FEET FROM THE __North__ LINE AND __1980__ FEET FROM

THE __East__ LINE, SECTION __2__ TOWNSHIP __12S__ RANGE __34 E__ NMPM.

10. Field and Pool, or Wildcat
Four Lakes Penn.

15. Elevation *(Show whether DF, RT, GR, etc.)*
4161.50 RDB

12. County
Lea

16.
Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK [X]
TEMPORARILY ABANDON [ ]
PULL OR ALTER CASING [ ]
PLUG AND ABANDON [ ]
CHANGE PLANS [ ]
OTHER _____ [ ]

SUBSEQUENT REPORT OF:

REMEDIAL WORK [ ]
COMMENCE DRILLING OPNS. [ ]
CASING TEST AND CEMENT JOB [ ]
OTHER _____ [ ]
ALTERING CASING [ ]
PLUG AND ABANDONMENT [ ]
[ ]

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. Re-acidize perforations from 10,148 to 10,168 feet with 1,000 gallons regular 15%, maximum inhibited acid.

2. Swab test after 45 minutes.

3. Place well back on production.

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

ORIGINAL
SIGNED ___R. D. AINSWORTH___   TITLE __District Superintendent__   DATE __3-14-66__

/mcb

APPROVED BY _____   TITLE _____   DATE _____

CONDITIONS OF APPROVAL, IF ANY: