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HOBBS OFFICE O. C. C.
NEW MEXICO OIL CONSERVATION COMMISSION
JAN 20 11 39 AM '66

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

5a. Indicate Type of Lease
State ☐ Fee ☒
5. State Oil & Gas Lease No.

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 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 <u>B</u> <u>660</u> FEET FROM THE <u>North</u> LINE AND <u>1980</u> FEET FROM THE <u>East</u> LINE, SECTION <u>2</u> TOWNSHIP <u>12S</u> RANGE <u>34E</u> 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: 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.

Work to begin 30 days after approval from joint owners.

1. Pull rods and tubing.
2. Drill out Model "D" packer at 9843'.
3. Set Model "D" packer at 10,130' on wire line.
4. Run tubing and set in Model "D" packer.
5. Perforate Zone "B" 10,148-10,168' with 1 jet per foot using thru-tubing perforator.
6. Swab test.
7. If well requires stimulation, pull tubing and rerun with 2 joints (60') of stinger, then acidize as necessary.
8. Swab test.

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

SIGNED E. E. Alvarth TITLE District Superintendent DATE 1-18-66

APPROVED BY /mcb TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: