NO. OF COPIES RECEIVED		Form C-103
DISTRIBUTION		Supersedes Old
SANTA FE	NEW MEXICO OIL CONSERVATION COMMISSION	C-102 and C-103 Effective 1-1-65
FILE		21.0001140 1-1-03
U.S.G.S.		5a. Indicate Type of Lease
LAND OFFICE		State Fee X
OPERATOR		5. State Oil & Gas Lease No.
	-	_
SUNDE	RY NOTICES AND REPORTS ON WELLS	mmmmmm —
	OPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. TION FOR PERMIT - " (FORM C-101) FOR SUCH PROPOSALS.)	
1.	3001700 3001317	7. Unit Agreement Name
WELL GAS WELL X	OTHER-	South Four Lakes Unit
2. Name of Operator		8, Farm or Lease Name
Humble Oil & Refining	Company	_
3. Address of Operator		9. Well No.
Box 2100, Hobbs, New Mexico 88240		2
4. Location of Well		
G 1	980 FEET FROM THE NOTTH LINE AND 1980 FE	10. Field and Pool, or Wildcat
UNIT LETTER	FEET FROM THE INOT LINE AND 1980 FE	Four Lakes Devonian
Fast	2 10.0	
THE LINE, SECTI	ON 2 TOWNSHIP 12-S RANGE 34-E	NMPM. ()
	15. Elevation (Show whether DF, RT, GR, etc.)	
	4156 DF	12. County
716.		Lea
Check	Appropriate Box To Indicate Nature of Notice, Report	or Other Data
NOTICE OF I		QUENT REPORT OF:
	·	
PERFORM REMEDIAL WORK X	PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON	COMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING	CHANGE PLANS CASING TEST AND CEMENT JOB	
	OTHER	
OTHER		
17 Describe Propagat or Completed On		***************************************
work) SEE RULE 1703.	perations (Clearly state all pertinent details, and give pertinent dates, in	icluding estimated date of starting any propose
Pull rods, tubing and	anakar Sat C I tuit to tage	
. all rous, capting and p	packer. Set C.I. bridge plug at 12,610 feet	t with cement cap.
To rotate 5 1/2" Then ea	asing from 12,558 to 12,567 feet with 2 RASF	- shots per foot.
at approximately 12,580	all packer with 3 joints tail pipe below pac	cker. Bottom of tail pipe
at approximately 12,580	¹ • .	, , , ,
Spot acid around batter		
appliacid around bottom	over perforations. Set packer and complet	te acidizing with 1,000
gallons 15% regular N.E	. acid.	,
	à	
	•	
	•	
18, I hereby certify that the information	above is true and complete to the best of my knowledge and belief.	
/mcb	1 ALLA	
SIGNED SEATMORTON	TITLE District Superintende	nt DATE 3-21-69
	TITLE DISCIPLE SuperIntende	Nt DATE 3-21-09
1/. 28		** ** ** ** * * * * * * * * * * * * *
Sel Sel	SUPERVISOR DISTRICT	a. 12. 12. 12. 12. 12. 12. 12. 12. 12. 12

SUPERVISOR DISTRICT .