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NEW MEXICO OIL CONSERVATION COMMISSION

JAN 11 1 23 PM '66

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

5a. Indicate Type of Lease	
State <input type="checkbox"/>	Fee <input checked="" type="checkbox"/>
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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER-	7. Unit Agreement Name South Four Lakes Unit
2. Name of Operator Humble Oil & Refining Company	8. Farm or Lease Name South Four Lakes Unit
3. Address of Operator Box 2100, Hobbs, New Mexico	9. Well No. 2
4. Location of Well UNIT LETTER <u>G</u> , <u>1980</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 Devonian
15. Elevation (Show whether DF, RT, GR, etc.) 4157	12. County Lea

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☒
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐
OTHER ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐
OTHER ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOBS ☐
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.

Work to begin in approximately 30 days pending approval of joint owners.

1. Kill well with brine water and pull tubing.
2. Drop expendable plug to latch into permanent packer at 12,670 feet.
3. Run tubing, hookwall packer and 2 joints tailpipe to bottom (PBD 12,670 feet). Spot 500 gallons 15% regular acid on bottom.
4. Perforate with one jet per foot from 12,632 to 12,640 feet and from 12,647 to 12,656 feet.
5. Set packer and displace the 500 gallons of acid. Release packer, lower tubing 2 joints, swab well in and test.

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

SIGNED L. L. Alwerth TITLE District Superintendent DATE 1-7-66

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: