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HOBBS OFFICE  
NEW MEXICO OIL CONSERVATION COMMISSION  
APR 23 12 00 PM '69

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator <i>Humble Oil &amp; Refg Co.</i>	8. Farm or Lease Name <i>D. H. Crockett</i>
3. Address of Operator <i>Box 1600 - Midland, Texas 79701</i>	9. Well No. <i>1</i>
4. Location of Well UNIT LETTER <i>C</i> , <i>660</i> FEET FROM THE <i>N</i> LINE AND <i>1980</i> FEET FROM THE <i>W</i> LINE, SECTION <i>21</i> TOWNSHIP <i>15-S</i> RANGE <i>36-E</i> NMPM.	10. Field and Pool, or Wildcat <i>Caddill Pemo Penn.</i>
15. Elevation (Show whether DF, RT, GR, etc.) <i>3911 DF</i>	12. County <i>Lea</i>

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input checked="" type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>
OTHER <input type="checkbox"/>	OTHER <input type="checkbox"/>
PLUG AND ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
CHANGE PLANS <input type="checkbox"/>	PLUG AND ABANDONMENT <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.

*Filled tbg w/ water and acidized down casing w/ 500 gal. H.E acid thru perfs in 5 1/2" casing, followed w/ 210 bbl brine water. Returned well to pumping status.*

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

SIGNED *A. L. Clemmer* TITLE *Unit Head* DATE *4/18/69*

APPROVED BY *[Signature]* TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: