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LAND OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

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

5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>	
5. State Oil & Gas Lease No. B-936	
7. Unit Agreement Name	
8. Farm or Lease Name New Mexico BO State	
9. Well No. 2	
10. Field and Pool, or Wildcat Vacuum Abo	
12. County Lea	

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"/>	2. Name of Operator Humble Oil & Refg Co.
3. Address of Operator Box 1600 - Midland, Texas 79701	4. Location of Well UNIT LETTER I 1980 FEET FROM THE S LINE AND 330 FEET FROM THE E LINE, SECTION 12 TOWNSHIP 18-S RANGE 34-E NMPM.
15. Elevation (Show whether DF, RT, GR, etc.) 3983' OF	

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"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOB <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.

We propose to set C.I. Bridge Plug @ 8680' w/ cement cap. Perforate 4 1/2" CSG @ following depths w/ 1 RASF shot: 8563-8566-8569-8595-8597-8607-8610-8613-8621-8623-8629-8644-8647-8649, then acidize well w/ 5000 gal 15% CRA acid, swab test and return well back on production.

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 1/16/69
APPROVED BY John W. Runyan	TITLE	DATE
CONDITIONS OF APPROVAL, IF ANY:		