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HOBBS OFFICE O. G. C.
NEW MEXICO OIL CONSERVATION COMMISSION
APR 11 8 15 AM '66

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.	
State Lease No. E-818	

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 Humble Oil & Refining Company	8. Farm or Lease Name N.M. State "BP"
3. Address of Operator Box 2100, Hobbs, New Mexico	9. Well No. 1
4. Location of Well UNIT LETTER <u>K</u> , <u>2300</u> FEET FROM THE <u>south</u> LINE AND <u>1575</u> FEET FROM THE <u>west</u> LINE, SECTION <u>7</u> TOWNSHIP <u>18-S</u> RANGE <u>35-E</u> NMPM.	10. Field and Pool, or Wildcat Vacuum Abo
15. Elevation (Show whether DF, RT, GR, etc.) 3978' 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 JOB <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.

Squeeze present perforations 8390-8397 feet with cement. Perforate 8302-8324 feet.
Stimulate with acid and test.

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

SIGNED L. C. Alvarado TITLE District Superintendent DATE 4-1-66

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: