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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 [X] Fee [ ]

5. State Oil & Gas Lease No.
B-936

## 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 [X] GAS WELL [ ] OTHER-

7. Unit Agreement Name

2. Name of Operator
Humble Oil & Refg Co.

8. Farm or Lease Name
New Mexico BO State

3. Address of Operator
Box 1600 - Midland, Texas 79701

9. Well No.
6

4. Location of Well
UNIT LETTER O, 822 FEET FROM THE S LINE AND 1838 FEET FROM THE E LINE, SECTION 12 TOWNSHIP 18-S RANGE 34-E NMPM.

10. Field and Pool, or Wildcat
Vacuum Abo

15. Elevation (*Show whether DF, RT, GR, etc.*)
3992' DF

12. County
Lea

16.

## 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 [ ]
- PLUG AND ABANDON [ ]
- CHANGE PLANS [ ]
- OTHER [ ]

SUBSEQUENT REPORT OF:

- REMEDIAL WORK [X]
- COMMENCE DRILLING OPNS. [ ]
- CASING TEST AND CEMENT JOB [ ]
- ALTERING CASING [ ]
- PLUG AND ABANDONMENT [ ]
- OTHER [ ]

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.

MIRU. pulled tbg out of hole, Drld out plug @ 8850' and circulated hole clean. Set pkr & pressured up. Pkr @ 8890' - Test OK. Reset pkr @ 8800' and Western Co ran tracer survey. Ran Cmt retainer & set @ 8750' and squeezed perfs 8820 to 8836 and 8870 to 8876' w/ 150 sax Incor. (45 sax to fmn and reverse out 105 sax), WOC 48 hrs. R.U. and drld cmt & retainer from 8750' to 8895'. Spot 250 gal. acetic acid over perfs (8872-80') and McCullough perf 4½" csg from 8872' to 8880' w/ 1-RASF Jet Shot/ft. Logged perfs. Treated perfs w/ 500 gal 15% Reg NE acid. Max 1500. Ran prod. equip. and swab test well. Workover unsuccessful. Well Shutin.

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

SIGNED [signature] TITLE Unit Head DATE 10/1/69

APPROVED BY [signature] TITLE [ ] DATE [ ]

CONDITIONS OF APPROVAL, IF ANY: