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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 <input checked="" type="checkbox"/> | Fee <input type="checkbox"/> |
| 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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> | | 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 D 822 FEET FROM THE S LINE AND 1838 FEET FROM THE E LINE, SECTION 12 TOWNSHIP 18-S RANGE 34E NMPM. | | 10. Field and Pool, or Wildcat Vacuum Abo |
| 15. Elevation (Show whether DF, RT, GR, etc.) 3992' DF | | 12. County Lea |

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

| | |
|---|---|
| PERFORM REMEDIAL WORK <input checked="" type="checkbox"/> | PLUG AND ABANDON <input type="checkbox"/> |
| TEMPORARILY ABANDON <input type="checkbox"/> | CHANGE PLANS <input type="checkbox"/> |
| PULL OR ALTER CASING <input type="checkbox"/> | OTHER <input type="checkbox"/> |

SUBSEQUENT REPORT OF:

| | |
|---|---|
| REMEDIAL WORK <input type="checkbox"/> | ALTERING CASING <input type="checkbox"/> |
| COMMENCE DRILLING OPNS. <input type="checkbox"/> | PLUG AND ABANDONMENT <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.

We propose to workover well as follows:

1. Pull equip. out of hole
2. Drill CI. BP. @ 8885'
3. Test for Casing Leaks and for Cmt plugs.
4. Run radioactive tracer survey to locate channeling.
5. Set cmt retainer @ 8750' and squeeze w/ 150 sax plus additives @ 3000 psi
6. WOC 48 hrs and reperforate and stimulate the Vacuum Abo formation.

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 8/27/69 |
| APPROVED BY [Signature] | SUPERVISOR DISTRICT 1 | DATE SEP 2 1969 |
| CONDITIONS OF APPROVAL, IF ANY: | | |