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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"/>	For <input type="checkbox"/>

5. State Oil & Gas Lease No.

24241

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. Mex K State
3. Address of Operator P. O. Box 1600, Midland, Texas	9. Well No. 8
4. Location of Well UNIT LETTER M 660 FEET FROM THE south LINE AND 660 FEET FROM THE well LINE, SECTION 28 TOWNSHIP 17-S RANGE 35-E NMPM.	10. Field and Pool, or Wildcat Vacuna, GSA
15. Elevation (Show whether DF, RT, GR, etc.) 3960 DF	12. County Lea

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 ☐
OTHER ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☒
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOB ☐
OTHER ☐

ALTERING CASING ☐
PLUG AND ABANDONMENT ☐

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.

Pulled pump, rods and tubing. Ran and set Lynes straddle packers @ 4510 and 4470'. Bottom packer failed. Reset packers @ 4460 and 4500 and acidized between packers w/7500 gal 15% NE retarded acid. Injection rate 5.1 BPM, Max 2800 psi, Min 2800 psi. Pulled packers, reran pumping equipment. Rig down unit and returned well to production.

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

SIGNED D. L. Clemmer

TITLE Agent

DATE 4-24-67

APPROVED BY _____

TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY: