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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 type="checkbox"/>	Fee <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No.	

## 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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- <u>Water Injection</u>		7. Unit Agreement Name
2. Name of Operator <u>Humble Oil &amp; Refg Co.</u>		7. Farm or Lease Name <u>Paddock (San Angelo) Unit</u>
3. Address of Operator <u>Box 1600 - Midland, Texas 79101</u>		9. Well No. <u>5</u>
4. Location of Well UNIT LETTER <u>O</u> , <u>710</u> FEET FROM THE <u>S</u> LINE AND <u>2040</u> FEET FROM THE <u>E</u> LINE, SECTION <u>35</u> TOWNSHIP <u>21-S</u> RANGE <u>37-E</u> NMPM.		10. Field and Pool, or Wildcat <u>Paddock</u>
15. Elevation (Show whether DF, RT, GR, etc.)		12. County <u>LEA</u>

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> OTHER <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> REMEDIAL WORK <input checked="" type="checkbox"/> COMMENCE DRILLING OPNS. <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.

Mixed 18 gal Corexit # 7655 in 9 bbl water and pumped into tbq. Displaced w/ 18 bbl water and S.I. 24 hrs. Acidized well w/ 5000 gal. 15% N.E. Inhibited acid. Max 1000 psi, min 200psi, AIR 2 BPM, 151P 900 psi, 5 min SIP 500psi. Resume water injection.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
SIGNED <u>R. J. Berry</u>	TITLE <u>Unit Head</u>	DATE <u>12/8/68</u>
APPROVED BY <u>[Signature]</u>	TITLE	DATE
CONDITIONS OF APPROVAL, IF ANY:		