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NEW MEXICO OIL CONSERVATION COMMISSION

JUN 9 10 53 AM '69

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-935

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 - II" (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 New Mexico "V" State
3. Address of Operator Box 1600, Midland, Texas 79701	9. Well No. 11
4. Location of Well UNIT LETTER <u>K</u> , <u>2,080</u> FEET FROM THE <u>South</u> LINE AND <u>2,080</u> FEET FROM THE <u>West</u> LINE, SECTION <u>10</u> TOWNSHIP <u>21-S</u> RANGE <u>37-E</u> NMPM.	10. Field and Pool, or Wildcat Blinebry Oil
15. Elevation (Show whether XXX GR, XXX) 3,452	12. County Lea

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK <input 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 <u>Open Sleeve at 5,679'</u> <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.

1. Reopened upper perforations from 5,594-5,684' by opening sleeve valve at 5,679'.
2. Present producing interval from 5,594-5,684', 5,712-5,753'.
3. Tested well, AOF 1,525 Mcf/D.
4. Completed as a Blinebry Gas well.

DFL/hnf

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 6-4-69

APPROVED BY [Signature] TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: