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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 - 1" (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 <i>Humble Oil & Refg Co.</i>	8. Farm or Lease Name <i>J. D. Knox</i>
3. Address of Operator <i>P.O. Box 1600 - Midland, Texas, 79701</i>	9. Well No. <i>9</i>
4. Location of Well UNIT LETTER <i>A</i> <i>330</i> FEET FROM THE <i>N</i> LINE AND <i>990</i> FEET FROM THE <i>E</i> LINE, SECTION <i>10</i> TOWNSHIP <i>21-S</i> RANGE <i>36-E</i> NMPM.	10. Field and Pool, or Wildcat <i>Oil Center Blinbry</i>
15. Elevation (Show whether DF, RT, GR, etc.) <i>3571 DF</i>	12. County <i>Lea</i>

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"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <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.

Cardinal acidized well on 3-2-68 w/ 4000 gal, 15% N.E. Acid. Max 1000 psi, min 900 psi, 151P 700 psi, 3 min on vacuum. AIR 1.0BPM. 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 <i>D. L. Clemmes</i>	TITLE <i>Unit Head</i>	DATE <i>3/26/68</i>
APPROVED BY <i>[Signature]</i>	TITLE <i>S.</i>	DATE
CONDITIONS OF APPROVAL, IF ANY:		