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NEW MEXICO OIL CONSERVATION COMMISSION

AUG 16 9 34 AM '65

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease
State ☐ Fee ☒
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 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 A. J. Adkins
3. Address of Operator Box 2100, Hobbs, New Mexico	9. Well No. 8
4. Location of Well UNIT LETTER <u>K</u> , <u>2260</u> FEET FROM THE <u>West</u> LINE AND <u>2310</u> FEET FROM THE <u>South</u> LINE, SECTION <u>10</u> TOWNSHIP <u>21S</u> RANGE <u>36E</u> NMPM.	10. Field and Pool, or Wildcat Oil Center Blinbry
15. Elevation (Show whether DF, RT, GR, etc.) 3596 RDB	12. County Lea

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

PERFORM REMEDIAL WORK <input checked="" type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input 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.

- Perforate with one selectively fired radioactive jet at each of the following depths:
5849, 5851, 5853, 5854, 5855, 5856, 5859, 5861, 5863 and 5864.
Log perforations.

- Run straddle packers on 2-inch tubing and stimulate the new perforations with 2,000 gallons of N. E. retarded acid.

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

SIGNED L. R. Alvarth TITLE District Superintendent DATE August 12, 1965

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: