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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"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.
37721

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 & Refg Co.</u>	8. Farm or Lease Name <u>Paddock (San Angelo) Unit</u>
3. Address of Operator <u>Box 1600 - Midland, Texas 79701</u>	9. Well No. <u>13</u>
4. Location of Well UNIT LETTER <u>A</u> <u>660</u> FEET FROM THE <u>N</u> LINE AND <u>660</u> FEET FROM THE <u>E</u> LINE, SECTION <u>2</u> TOWNSHIP <u>22-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.) <u>3366 DF</u>	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"/>	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.

mixed 18 gal corexit # 7655 in 9 bbl water and pumped into tbq. Displaced w/ 18 bbl water & s.l. for 24 hrs. Acidized well w/ 5000 gal. 15% NE Inh. Acid. Max 1000psi, min 200psi, AIR 1.7BPM, 15IP- 900 psi, 5 min SIP 700psi. Resume water injection.

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

SIGNED R. J. Bandy TITLE Unit Head DATE 12/8/68

APPROVED BY [Signature] TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: