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OPERATOR	

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. B-934

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. Form or Lease Name N. M. State M
3. Address of Operator Box 2100, Hobbs, New Mexico	9. Well No. 33
4. Location of Well UNIT LETTER K 1980 FEET FROM THE South LINE AND 1880 FEET FROM THE West LINE, SECTION 20 19 TOWNSHIP 22S RANGE 37E NMPM.	10. Field and Pool, or Wildcat Langlie Mattix
15. Elevation (Show whether DF, RT, GR, etc.) 3436 RDB	12. County Lea

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☒ *
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐

PLUG AND ABANDON ☐

CHANGE PLANS ☐

OTHER *Additional Recovery Area

R-2891 of 4-8-65

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐

COMMENCE DRILLING OPNS. ☐

CASING TEST AND CEMENT JOB ☐

OTHER ☐

ALTERING CASING ☐

PLUG AND ABANDONMENT ☐

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.

Presently a producing well - to be converted to injection.

1. Perforate with one selectively fired radioactive jet at the following depths:
3638, 3641, 3643, 3649, 3652, 3656, 3672, 3673, 3695, 3703.

2. Frac through 2-7/8-inch tubing with 10,000 gallons of slick water with 1 pound sand per gallon using ball sealers.

Place well on injection.

/mcb

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

SIGNED 

TITLE Dist. Admin. Supvr.

DATE 4-20-65

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: