NO. OF COPIES RECEIVED	_			Form C-10	
DISTRIBUTION				Supersedes C-102 and	
SANTA FE	NEW MEXICO OIL	CONSERVATION COMMIS	SION	Effective 1	
FILE					
U.S.G.S.				5a. Indicate T	ype of Lease
LAND OFFICE	7	•		State X	Fee.
OPERATOR		•		5. State Oil &	Gas Lease No.
				B-9	34
SLIND	DEV NOTICES AND DEPORT	S ON WELLS		illilli.	
(DO NOT USE THIS FORM FOR P	DRY NOTICES AND REPORT PROPOSALS TO DRILL OR TO DEEPEN OR ATION FOR PERMIT - " (FORM C-101) F	PLUG BACK TO A DIFFERENT RES FOR SUCH PROPOSALS.	SERVOIR.		
1.				7. Unit Agreen	nent Name
OIL GAS WELL	OTHER-				
2. Name of Operator	. 4			8. Farm or Le	ase Name
Humble Oil & Refi	ning Company			N. M. S	State M
3. Address of Operator	Title Company	***************************************		9. Well No.	
Box 2100, Hobbs,	New Mex co			40	
4. Location of Well	Mew Mex CO				Pool, or Wildcat
	2310 Sou	ith	890		· Mattix
UNIT LETTER,	2310 FEET FROM THE SOL	LINE AND	FEET FROM	Tilling 1	mmmmm
Was t	19	229	37E		
THE West LINE, SEC	TION 19 TOWNSHIP	RANGE	NMPM.		
mmmmmm	15. Elevation (Show w	hather DE RT CP ata 1		12. County	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	3437F	· · · · · · · · · · · · · · · · · · ·		Lea	
Check	Appropriate Box To Indic	ate Nature of Notice,	Report or Oth	er Data	
NOTICE OF	INTENTION TO:		SUBSEQUENT	REPORT O	F:
PERFORM REMEDIAL WORK	PLUG AND ABANDO	N REMEDIAL WORK		AL-	FERING CASING
TEMPORARILY ABANDON		COMMENCE DRILLING	PNS.	PLU	G AND ABANDONMENT
PULL OR ALTER CASING	CHANGE PLANS	CASING TEST AND CEM	ENT JOB		
		OTHER			
OTHER_ *Additional Red	covery Area	_[]			
R-2891 of 4-8-65					
17, Describe Proposed or Completed work) SEE RULE 1703.	Operations (Clearly state all pertind	ent details, and give pertinent	dates, including	stimated date	of starting any proposed
·					
	selectively fired radi		ch of the f	ollowing	depths:
3654 , 3664 , 3671 , 36	681, 3683 and 3693 fee	et.			
2. Frac with 10,000 ga	llons lease oil, l $\#$ sa	and per gallon usi	ng ball sea	lers.	
, -					
	•				
					•
/mah					
/mcb					
10 I harabu annifu that the 1-fa	on shove is two and samplete to the	e heat of my knowledge ord to	olief		
18. I hereby certify that the informati	on above is true and complete to th	e ocet of my knowledge and be	. 12614		
L (1)		5	0		4 10 65
SIGNED ASSESSED	TITL	<u>Dist. Admin.</u>	Supvr.	DATE	4-19-65
					
APPROVED BY	TITL	E		DATE	
CONDITIONS OF APPROVAL, IF A	NY:				