NO. OF COPIES RECEIVED		Form C-103
		Supersedes Old
DISTRIBUTION	NEW HENIOD OIL CONCERNATION COMMISSION	C-102 and C-103
SANTA FE	NEW MEXICO OIL CONSERVATION COMMISSION	N Effective 1-1-65
FILE	n ₀ , ,	
U.S.G.S.	The state of the s	5a. Indicate Type of Lease
LAND OFFICE	Oct & 3 29	State X Fee
OPERATOR		1
		B - 934
(DO NOT USE THIS FOR	SUNDRY NOTICES AND REPORTS ON WELLS M FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESER	VOIR.
1.	APPLICATION FOR PERMIT (FORM C-101) FOR SUCH PROPOSALS.)	7, Unit Agreement Name
<u> </u>		7. Unit Agreement Name
WELL A WELL	OTHER-	
2. Name of Operator		8. Farm or Lease Name
Humble Oil & Re	fining Company	New Mexico State
3. Address of Operator		9. Well No.
Box 2100, Hobbs	, New Mexico 88240	44.
4. Location of Well		10. Field and Pool, or Wildcat
I	. 1650 FEET FROM THE South LINE AND 990	Langlie-Mattix
UNIT LETTER	FEET FROM THE LINE AND	
THE East	NE, SECTION 19 TOWNSHIP 22-S RANGE 37-E	NMPM.
	15. Elevation (Show whether DF, RT, GR, etc.)	12, County
	3412 DF	Lea ()
tē.		port or Other Data
Check Appropriate Box To Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:		
inelle	E OF INTENTION TO:	BSEQUENT REFORT OF:
		·
PERFORM REMEDIAL WORK	PLUG AND ABANDON . REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON	COMMENCE DRILLING OPN	
PULL OR ALTER CASING	CHANGE PLANS CASING TEST AND CEMENT	
•	OTHER SOITVET U	to water Injection Well X
OTHER		
17 Describe Proposed or Con	pleted Operations (Clearly state all pertinent details, and give pertinent de	tes, including estimated date of starting any proposed
work) SEE RULE 1103,		
	·	
Manad da and admind as southered and to be 1000 to 100		
Moved in and rigged up contract unit. Pulled rods and tubing. Sand pumped		
	eleased unit. Moved in and rigged up company	
coated tubing and Camco packer. Set packer at 3569. Spotted inhibited water		
in annulus of well. Well recompleted as a water injection well thru perf.		
3606 – 361	6, 3619-3622 and 3640-3644.	
	•	
A Transfer of the Control of the Con	•	
	•	
18. I hereby certify that the in	formation above is true and complete to the best of my knowledge and belie	ef.
1) [The second secon	
211	y Dist Adm Course	n 10 r (r
SIGNED	TITLE Dist. Adm. Supv	r. 10-5-65
	****	DATE

CONDITIONS OF APPROVAL, IF ANY: