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# NEW MEXICO OIL CONSERVATION COMMISSION

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

MAR 30 11 30 AM '67

5a. Indicate Type of Lease State <input type="checkbox"/> Fee <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No.
7. Unit Agreement Name
8. Farm or Lease Name W. B. Ferrel
9. Well No. 3
10. Field and Pool, or Wildcat Drinkard
12. County Lea

## 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"/>
2. Name of Operator Humble Oil & Refining Company
3. Address of Operator P. O. Box 1600, Midland, Texas 79701
4. Location of Well UNIT LETTER J 2180 FEET FROM THE east LINE AND 1880 FEET FROM south LINE, SECTION 22 TOWNSHIP 22-S RANGE 37-E NMPM.
15. Elevation (Show whether DF, RT, GR, etc.) 3358 DF

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 JOBS <input type="checkbox"/>	OTHER <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.

3-17-67 - Acidized well w/3000 gal. 15% MCA acid, Max 0 psi, Min 0 psi, Air 3 BPM.  
Used 22 BO to displace acid. Swabbed 23 hrs. and recovered 93 BO, 22 Bbl. acid water.  
Next day swabbed 6½ hrs. and recovered 10 BO. Next day swabbed 4 hrs., recovered 10 BO - RDMO - S.I. for further evaluation 3-22-67.

THE COMMISSION  
BY: NOTARY

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

SIGNED <u>Al. L. Clemmer</u>	TITLE <u>Agent</u>	DATE <u>3-28-67</u>
APPROVED BY <u></u>	TITLE <u></u>	DATE <u></u>
CONDITIONS OF APPROVAL, IF ANY:		