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NEW MEXICO OIL CONSERVATION COMMISSION

5a. Indicate Type of Lease	
State ☐	Fee. ☐

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.)

7. Unit Agreement Name

1.
OIL WELL ☒   GAS WELL ☐   OTHER-

2. Name of Operator
Humble Oil & Refining Company

8. Farm or Lease Name
N. M. State M

3. Address of Operator
Box 2100, Hobbs, New Mexico

9. Well No.
21

4. Location of Well
UNIT LETTER __G__ , __1980__ FEET FROM THE __North__ LINE AND __1980__ FEET FROM

THE __East__ LINE, SECTION __29__ TOWNSHIP __22-S__ RANGE __37-E__ NMPM.

10. Field and Pool, or Wildcat
Langlie Mattix

15. Elevation *(Show whether DF, RT, GR, etc.)*
3372 RDB

12. County
Lea

16.
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.

1. Perforate with one selectively fired radioactive jet at each of the following depths: 3565, 3568, 3569, 3573, 3575, 3582, 3635 and 3639 feet.

2. Run 1-1/2-inch tubing with packer, spot acid across perforations at 3635 and 3639 and set packer at 3630 feet, acidize with 250 gallons regular acid. Unseat packer and pull tubing.

3. Frac down 2-7/8-inch casing with 10,000 gallons lease oil, 1# sand per gallon using ball sealers.

/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 4-19-65

APPROVED BY _____   TITLE _____   DATE _____

CONDITIONS OF APPROVAL, IF ANY: