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LAND OFFICE	
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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
7. Unit Agreement Name
8. Farm or Lease Name N. M. State M
9. Well No. 26
10. Field and Pool, or Wildcat Langlie Mattix
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 - 1" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- Water injection well in pilot area.
2. Name of Operator Humble Oil & Refining Company
3. Address of Operator Box 2100, Hobbs, New Mexico
4. Location of Well UNIT LETTER E 1940 FEET FROM THE North LINE AND 660 FEET FROM THE West LINE, SECTION 29 TOWNSHIP 22S RANGE 37E NMPM.
15. Elevation (Show whether DF, RT, GR, etc.) 3392 RDB

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK <input checked="" type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPER. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOB <input type="checkbox"/>	

*Additional Recovery Area
OTHER R-2891 of 4-8-65

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 radio active jet at each of the following depths:
3600, 3602 and 3610 feet.

2. Frac down 2-7/8-inch casing with 6,000 gallons slick water and 1# sand/gallon
using ball sealers.

Return well to injection.

/mcb

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

SIGNED E. L. Harris TITLE Dist. Admin. Supvr. DATE 4-19-65

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: