

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S:	
LAND OFFICE	
OPERATOR	

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.	
37721-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.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- <u>Water Injection Well</u>		7. Unit Agreement Name
2. Name of Operator <u>Humble Oil &amp; Refg Co.</u>		8. Farm or Lease Name <u>New Mexico M State</u>
3. Address of Operator <u>Box 1600 - Midland, Texas 79701</u>		9. Well No. <u>28</u>
4. Location of Well UNIT LETTER <u>I</u> <u>1980</u> FEET FROM THE <u>S</u> LINE AND <u>660</u> FEET FROM THE <u>E</u> LINE, SECTION <u>30</u> TOWNSHIP <u>22-S</u> RANGE <u>37-E</u> NMPM.		10. Field and Pool, or Wildcat <u>Langlie Matrix</u>
15. Elevation (Show whether DF, RT, GR, etc.) <u>3409 DF</u>		12. County <u>Lea</u>

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"/>	

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.

R.U. Halliburton and acidized w/ 1000 gal. 15% NE acid (inhibited) Max. 1800 psi - Min. 1100 psi, AIR 3BPM, ISIP 1100 psi. Resume Water Injection.

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

SIGNED [Signature] TITLE Unit Head DATE 8/27/68

APPROVED BY [Signature] TITLE  DATE

CONDITIONS OF APPROVAL, IF ANY: