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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 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.)

1. OIL WELL GAS WELL OTHER
2. Name of Operator
Humble Oil & Refining Company
3. Address of Operator
Box 2100, Hobbs, New Mexico
4. Location of Well
UNIT LETTER B 660 FEET FROM THE North LINE AND 1880 FEET FROM
THE East LINE, SECTION 30 TOWNSHIP 22S RANGE 37E NMPM.
15. Elevation (Show whether DF, RT, GR, etc.)
3420 RDB

7. Unit Agreement Name
8. Farm or Lease Name
N. M. State M
9. Well No.
35
10. Field and Pool, or Wildcat
Langlie Mattix
12. County
Lea

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input checked="" type="checkbox"/> *	PLUG AND ABANDON <input type="checkbox"/>	REMEDIATION WORK <input 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 JOB <input type="checkbox"/>	OTHER <input type="checkbox"/>

*Additional Recovery Area
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.

- Perforate with one selectively fired radioactive jet at each of the following depths: 3645, 3647, 3650, 3663, 3665, 3671, 3673, 3677, 3709, 3716.
- Frac down 2-7/8-inch casing with 10,000 gallons lease crude, 1# sand per gallon using ball sealers.

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

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

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

/mcb