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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 <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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- <u>Water Injection Well</u>		7. Unit Agreement Name
2. Name of Operator		8. Farm or Lease Name
<u>Humble Oil & Refg Co.</u>		<u>New Mexico M State</u>
3. Address of Operator		9. Well No.
<u>Box 1600- Midland, Texas 79701</u>		<u>38</u>
4. Location of Well		10. Field and Pool, or Wildcat
UNIT LETTER <u>G</u> <u>1800</u> FEET FROM THE <u>N</u> LINE AND <u>1980</u> FEET FROM		<u>Langlie Mathis</u>
THE <u>E</u> LINE, SECTION <u>30</u> TOWNSHIP <u>22-S</u> RANGE <u>37-E</u> NMPM.		
15. Elevation (Show whether DF, RT, GR, etc.)		12. County
<u>3422 OF</u>		<u>Lea</u>

16.

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

NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK ☐

TEMPORARILY ABANDON ☐

PULL OR ALTER CASING ☐

OTHER ☐

PLUG AND ABANDON ☐

CHANGE PLANS ☐

OTHER ☐

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.

R.V. Halliburton and acidized w/ 1000 gal 15% NE
Inhibited acid. Max 1800 psi, Min. 1100 psi, AIR
3 BPM, ISIP 1100psi. 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 _____

CONDITION OF APPROVAL, IF ANY: