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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

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 <input type="checkbox"/>		7. Unit Agreement Name
2. Name of Operator Humble Oil & Refining Co.		8. Farm or Lease Name N. M. State M
3. Address of Operator Box 2100, Hobbs, New Mexico		9. Well No. 41
4. Location of Well UNIT LETTER <u>0</u> <u>990</u> FEET FROM THE <u>South</u> LINE AND <u>1980</u> FEET FROM THE <u>East</u> LINE, SECTION <u>30</u> TOWNSHIP <u>22S</u> RANGE <u>37E</u> NMPM.		10. Field and Pool, or Wildcat Langlie Mattix
15. Elevation (Show whether DF, RT, GR, etc.)		12. County

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 Convert to water injection well. ☒

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.

Expand the M lease waterflood system.

1. Pull rods and tubing, test and plastic coat tubing.
2. Spot inhibited water in tubing-casing annulus above the packer at 3660 feet.
3. Run injection profile and place well on injection.

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

SIGNED R.R. Alworth TITLE District Superintendent DATE 5-28-65

APPROVED BY /mcb TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: