

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

NEW MEXICO OIL CONSERVATION COMMISSION

AUG 11 10 31 AM '69

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- <u>Drilg.</u>	7. Unit Agreement Name
2. Name of Operator <u>Humble Oil & Refg Co.</u>	8. Farm or Lease Name <u>New Mexico State</u>
3. Address of Operator <u>Box 1600- Midland, Texas 79701</u>	9. Well No. <u>26</u>
4. Location of Well UNIT LETTER <u>L</u> <u>2310'</u> FEET FROM THE <u>S</u> LINE AND <u>400</u> FEET FROM THE <u>W</u> LINE, SECTION <u>2</u> TOWNSHIP <u>22-S</u> RANGE <u>37-E</u> NMPM.	10. Field and Pool, or Wildcat <u>Elmwood-Santa Fe-Santa Fe</u>
15. Elevation (Show whether DF, RT, GR, etc.) <u>-</u>	12. County <u>Lea</u>

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐
PULL OR ALTER CASING ☐	OTHER ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐	ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☒	PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☒	OTHER ☒

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.

MIRU. Spud well in @ 9:15 AM on July 14, 1969. Drilled to 315' and ran 298'- 8 7/8" 24 # Csg & set @ 311'. Cmt w/ 150 Sx @ 14 Cmt w/ 4% gel. Cmt circulated. WOC 18 hrs. Test Csg w/ 1000 psi for 30 min w/ no pressure drop. Resume drilg. Drilled to TD @ 4151' on 7-21-69. Ran 4139'- 4 1/2" OD 9.5 # Csg set @ 4150' and cmt w/ 200 Sx Houco Cl.C. and 200 Sx Trinity Lite on bottom. WOC 18 hrs and test Csg w/ 1500 psi for 30 min w/ no pressure drop. Preparing to complete well.

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

SIGNED <u>A. L. Clemmer</u>	TITLE <u>Unit Head</u>	DATE <u>8-8-69</u>
APPROVED BY <u>[Signature]</u>	TITLE <u>SUPERVISOR DISTRICT</u>	DATE <u>8-8-69</u>
CONDITIONS OF APPROVAL, IF ANY:		