| · · · · | | | | ` | | | |
|--|--|-----------------|--|----------------|---|---------------------------------------|-----------------|
| NO. OF COPIES RECEIVED DISTRIBUTION SANTA FE | | IL CONS | ERVATION COMMISSI | | Form C-103 Supersedes C-102 and C Effective 1- | -103 | |
| FILE U.S.G.S. LAND OFFICE OPERATOR | | | | | 5a. Indicate Typ State X 5. State Oil & G | e of Leas | Fee |
| (DO NOT USE THIS FORM FOR F USE "APPLIC | DRY NOTICES AND REPOR ROPOSALS TO DRILL OR TO DEEPEN ATION FOR PERMIT | RTS ON | WELLS ICR TO A DIFFERENT RESER | voir. | B-1130 | | |
| OIL GAS WELL | OTHER- Dual | | | | 7. Unit Agreeme | nt Name | |
| 2. Name of Operator Humble Oil & Refining | Company | | | | 8. Farm or Leas N. M. St | · · · · · · · · · · · · · · · · · · · | M |
| 3. Address of Operator Box 2100, Hobbs, New | Mexico | | | • | 9. Well No. 2 | | |
| 4, Location of Well | 2160 FEET FROM THE | South | | | 10. Field and P N. Justis | | |
| THE East LINE, SEC | 0 | | | FEET FROM | | | <u>Jrinkaro</u> |
| | 15. Elevation (Show | whether l | DF, RT, GR, etc.) | | 12. County | | HHHH |
| 16. Check | Appropriate Box To Ind | icate N | ature of Notice Re | Port or Orb | Lea | | |
| | INTENTION TO: | | | | REPORT OF | : | |
| PERFORM REMEDIAL WORK | PLUG AND ABAN Change Plans | | REMEDIAL WORK Commence Drilling opn | ╵╴┝┥ | | RING CAS | |
| OTHER | CHANGE PLANS | | CASING TEST AND CEMENT | | | | |
| 17. Describe Proposed or Completed | Operations (Clearly state all pert | inent deta | ils, and give pertinent da | tes, including | estimated date of | etortina | any proposed |
| Set a cast iron br top of bridge plug Load hole with leas Perforate with one | idge plug on wire li • se crude. radioactive select hs: 5377, 5381, 5387 | ne at fire | 5650 feet and o | dump one s | sack of cen | nent | on |
| Run 1-1/4" tubing, NE inhibited acid. Pull 1-1/4" tubing | spot acid across pe (Maximum pressure | 1500#) place | • on production. | | | | |
| Approximate startin | ng date: 2-16-65 | | | | | | |
| 18. I hereby certify that the information | | the best o | my knowledge and belie | ·£. | | | |
| signed <u>L' [M. Warl</u> | <u>K</u> | <u> </u> | strict Superint | endent | DATE | | 2-12-65 · |
| APPROVED BY | | · | - | | DATE | EE | j 196 5 |
| CONDITIONS OF APPROVAL, IF AN | IY: | | | | | | |