

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

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. DIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER-	7. Unit Agreement Name
2. Name of Operator <i>Humble Oil & Refg Co</i>	8. Farm or Lease Name <i>J.A.E Knight</i>
3. Address of Operator <i>Box 1600 - Midland, Texas 79701</i>	9. Well No. <i>2</i>
4. Location of Well UNIT LETTER <i>M</i> <i>330'</i> FEET FROM THE <i>S</i> LINE AND <i>330</i> FEET FROM THE <i>W</i> LINE, SECTION <i>14</i> TOWNSHIP <i>24-S</i> RANGE <i>37-E</i> NMPM.	10. Field and Pool, or Wildcat <i>Fowler Ellenburger</i>
15. Elevation (Show whether DF, RT, GR, etc.) <i>3236 DF</i>	12. County <i>Lea</i>

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO:

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

Perforations @ 9875'-9879' were squeezed off and the well deepened to 10,147' and Tested 55 BOPD plus 68% water. A bridge plug was set at 10085' which reduced water to 40%. We now propose to reopen perfs @ 9875-9879 and perforate interval from 9890-9896' and stimulate all exposed pay intervals.

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

SIGNED *Deey sat* TITLE *Unit Head* DATE *9/29/69*
APPROVED BY *X. X. Family* TITLE DATE
CONDITIONS OF APPROVAL, IF ANY: