

NEW MEXICO OIL CONSERVATION COMMISSION

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FILE		
U.S.G.S.		
LAND OFFICE		
OPERATOR		

5a. Indicate Type of Lease
State Fee

5. State Oil & Gas Lease No.
B-3936-1

7. Unit Agreement Name

8. Farm or Lease Name
N.M. "AA" ST. NCT-4

9. Well No.
4

10. Field and Pool, or Well Unit
VACUUM ABO REEF

12. County
LEA

SUNDRY NOTICES AND REPORTS ON WELLS
DO NOT USE THIS FORM FOR OPERATIONS TO BE MADE IN A DIFFERENT RESERVOIR.
USE APPLICATION FOR PERMIT TO DRILL OR RE-DRILL FOR OTHER PURPOSES.

1. OIL WELL GAS WELL OTHER

2. Name of Operator
TEXACO INC.

3. Address of Operator
P. O. BOX 728, HOBBS, NEW MEXICO 88240

4. Location of Well
UNIT LETTER **A** **401** FEET FROM THE **EAST** LINE AND **919** FEET FROM
THE **NORTH** LINE, SECTION **10** TOWNSHIP **18-3** RANGE **34-E** N.M.P.M.

15. Elevation (Show whether DF, RT, CR, etc.)
4015 (GR)

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	OTHER <input type="checkbox"/>

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.

- RIGGED UP. PULL RODS & PUMP. INSTALL BOP. PULLED TUBING.
- SET PKR. @ 8708'.
- ACIDIZE PERFORATIONS 8768'-8903' w/22500 GALS. FRAC PAD, 20,000 GAL. 15% NE ACID USING 1# 100-MESH SAND PER GAL IN 3-EQUAL STAGES W/500# BENZOIC ACID FLAKES BETWEEN STAGES. FLUSHED W/4800 GAL KCL WATER.
- INSTALL PUMPING EQUIPMENT. TEST & PLACE ON PRODUCTION.

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

SIGNED: Jahleff TITLE: ASST. DIST. SUPT. DATE: 10/13/77

APPROVED BY: _____ TITLE: _____ DATE: _____

CONDITIONS OF APPROVAL, IF ANY: