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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 Fee

5. State Oil & Gas Lease No.
E-6142

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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name <i>11</i>
2. Name of Operator TEXACO Inc.	8. Farm or Lease Name N.M. "CM" State
3. Address of Operator P. O. Box 728, Hobbs, New Mexico 88240	9. Well No. 1
4. Location of Well UNIT LETTER 0 , 660 FEET FROM THE South LINE AND 1980 FEET FROM THE East LINE, SECTION 31 TOWNSHIP 20-S RANGE 33-E NMPM.	10. Field and Pool, or Wildcat South Salt Lake-Morrow Gas
15. Elevation (Show whether DF, RT, GR, etc.) 3611' (GR)	12. County Lea

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 JOB <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.

1. Rig Up.
2. Acidize 5" OD Cag Liner perforations 13,288'-13,602' w/10,000 Cubic Feet N₂ Pad followed by 3500 gal. 7½% MS Acid w/1000 Standard Cubic Feet N₂ per Bbl.
3. Flushed w/35 bbl. 2% KCL water w/1000 Standard Cubic Feet N₂ per Bbl.
4. Swab, Flow, test & return to production. 24 Hr. PT, 824 MCFPD.

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

SIGNED *J. G. Schuff* TITLE Asst. Dist. Supt. DATE March 5, 1976

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: