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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.
E-9721

7. Unit Agreement Name
-

8. Farm or Lease Name
New Mexico "CR" State

9. Well No.
1

10. Field and Pool, or Wildcat
Lusk Strawn

12. County
Lea

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

2. Name of Operator
TEXACO Inc.

3. Address of Operator
P. O. Box 728 - Hobbs, New Mexico 88240

4. Location of Well
UNIT LETTER D, 660 FEET FROM THE North LINE AND 660 FEET FROM THE West LINE, SECTION 32 TOWNSHIP 19-S RANGE 32-E N.M.P.M.

15. Elevation (Show whether DF, RT, GR, etc.)
3561' DF

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

PERFORM REMEDIAL WORK

TEMPORARILY ABANDON

PULL OR ALTER CASING

OTHER _____

PLUG AND ABANDON

CHANGE PLANS

SUBSEQUENT REPORT OF:

REMEDIAL WORK

COMMENCE DRILLING OPNS.

CASING TEST AND CEMENT JOB

OTHER _____

ALTERING CASING

PLUG AND ABANDONMENT

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.

The following work has been completed on subject well:

1. Pulled production rods, pump and tubing with packer.
2. Set cement retainer at 11,295'.
3. Squeezed perforations 11,304' - 11,324' with 60 sx Class E cement w/1% aquatrol.
4. Pulled frac tubing and WOC 24 hrs.
5. Perforate through 4-1/2" casing w/2 JSPF from 11,256' to 11,265' and with 2 JSPF from 11,272' to 11,290'.
6. Ran 2-7/8" tubing w/packer and set packer at 11,098'.
7. Acidize w/2000 gal. 15% NEA in 10 equal stages w/5 - 5/8" ball sealers between stages.
8. Swab, test and place on production.

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

APPROVED BY: [Signature] TITLE: Assistant District Superintendent DATE: 9-16-70

APPROVED BY: [Signature] TITLE: _____ DATE: SEP 21 1970

CONDITIONS OF APPROVAL, IF ANY: