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

NEW MEXICO OIL CONSERVATION COMMISSION

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. OIL WELL ☐   GAS WELL ☒   OTHER-

7. Unit Agreement Name

2. Name of Operator
Texaco Inc.

8. Farm or Lease Name
J.K. Rector

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

9. Well No.
3

4. Location of Well

UNIT LETTER **J**, **2310** FEET FROM THE **South** LINE AND **1650** FEET FROM

THE **East** LINE, SECTION **30**, TOWNSHIP **21-S** RANGE **36-E** NMPM.

10. Field and Pool, or Wildcat
Eumont Queen (Gas)

15. Elevation (Show whether DF, RT, GR, etc.)
3625' (DF)

12. County
Lea

16.

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 **Squeeze perfs 3500'-3680' & Reperforate** ☒

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.

1. Rig Up. Install BOP. Pull tubing & packer.
2. Set cement retainer @ 3485' and squeeze perforations 3500'-3680' w/100 sx Class'C' cement.
3. Log well.
4. Perforate 7" csg w/1 JSPF over pay interval based on log.
5. Set packer @ 3100'.
6. Acidize perforations w/2500 gal 15% NE Acid in 4 equal stages using 200# rock salt between stages.
7. Flush w/KCL water. Swab well.
8. Run production equipment, test, and return to production.

Expires 10/8/77

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

SIGNED _____   TITLE **Asst. Dist. Supt.**   DATE **10/6/76**

OCT 8 1976

APPROVED BY _____   TITLE _____   DATE _____

CONDITIONS OF APPROVAL, IF ANY: