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LAND OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

Form O-100
Superseded by
O-100 and O-101
Effective 1-1-67

1. Fee Type of Fee	Fee ☒
2. Fee Amount	
3. Unit Agreement Date	
4. Name of Operator	U. D. Sawyer
5. Address of Operator	2
6. Location of Well	Crossroads Siluro Devonian
7. Elevation (Show whether DF, RT, GR, etc.)	Lea

SUNDY NOTICES AND REPORTS ON WELLS
DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO RE-ENTER WELLS OR TO A DIFFERENT WELL. USE "APPLICATION FOR PERMIT TO DRILL OR TO RE-ENTER WELLS" (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 G, 1650 FEET FROM THE North LINE AND 1650 FEET FROM THE East LINE, SECTION 34 TOWNSHIP 9-S RANGE 36-E MAP

5. Elevation (Show whether DF, RT, GR, etc.)
4029 GR

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☒	ALTERING STATUS ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPER. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐	OTHER ☐	CASING TEST AND CEILING OF JOG ☐	

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent time and date of proposed work) SEE RULE 1103.

- Rig up pld 2 3/8" tbg & electric pump. Ran 2 3/8" tbg w/ RBP set at 5210 in 5 1/2" liner.
- P.O.H. Ran tbg & 9 5/8" pkr set 3924'. Tested 1500# OK. P. O. H. w/ 9 5/8" pkr. Ran pkr on 2 3/8" tbg set at 12,090'. Tested 1500# OK.
- HOWCO acidized perfs 12,176-12,180 w/3,000 gals of 7.5% NEA w/15 gals. citric acid & 3 gal. inhibitor. Tested 1600#. Ran 90 hp elec. submersible pmp on tbg on 2 3/8" tbg set at 5900'.
- 24 hr. opt. end 9:45 A.M. 5-19-75. P/103 BO, 86 BW, Gravity 44.1° GOR TSTM.

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

SIGNED [Signature] TITLE Asst. Dist. Supt. 5-20-75

APPROVED BY _____ TITLE _____

CONDITIONS OF APPROVAL, IF ANY: