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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 <input type="checkbox"/>	Fee <input checked="" type="checkbox"/>
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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		7. Unit Agreement Name
2. Name of Operator Texaco Inc.		8. Farm or Lease Name U. D. Sawyer
3. Address of Operator P. O. Box 728, Hobbs, New Mexico 88240		9. Well No. 2
4. Location of Well UNIT LETTER G 1650 FEET FROM THE North 1650 FEET FROM East 34 LINE, SECTION 9-S RANGE 36-E NMPM.		10. Field and Pool or Wildcat Crossroads Siluro Devonian
15. Elevation (Show whether DF, RT, GR, etc.) 4029' GR		12. County Lea

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <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.

1. Pulled pumping equipment.
2. Run tubing and packer, set packer @ 6120'.
3. Acidized perforations 12,176-80 w/2000 gals. 20% NEA followed w/110 gals. TL 9203 scale inhibitor and 20 bbls. fresh water.
4. Pulled packer set @ 6120'.
5. Ran pumping equipment, returned to production.
6. On 24 hour test, 10-27-73, pumped 187 BNO, 629 BSW, GOR TSTM, gravity 41.9.

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

SIGNED [Signature] TITLE **Asst. Dist. Supt.** DATE **10-29-73**

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: