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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.	
Fee	

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. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER-		7. Unit Agreement Name None
2. Name of Operator TEXACO Inc.		8. Term or Lease Name U. D. Sawyer
3. Address of Operator P. O. Box 728, Hobbs, New Mexico 88240		9. Well No. 3
4. Location of Well UNIT LETTER <u>I</u> <u>2310</u> FEET FROM THE <u>South</u> LINE AND <u>990</u> FEET FROM THE <u>East</u> LINE, SECTION <u>34</u> TOWNSHIP <u>9-S</u> RANGE <u>36-E</u> NMPM.		10. Field and Pool, or Wildcat Crossroads Devonian
15. Elevation (Show whether DF, RT, GR, etc.) 4030' (D. F.)		12. County Lea

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 ☐
OTHER ☐

SUBSEQUENT REPORT OF:

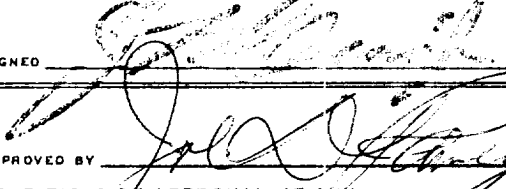
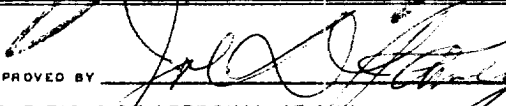
REMEDIAL WORK ☒
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOBS ☐
OTHER ☐

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.

THE FOLLOWING WORK HAS BEEN COMPLETED ON SUBJECT WELL:

1. Pulled production Tubing and Packer.
2. Ran tubing w/packer and set @ 12,095'.
3. Acidized open hole 12,164' - 12,172' w/2500 gals. 28% Super X Acid, followed W/1250 gals. 5% acid, 2 gals. LST, and 150# Unibeads.
4. Re-Acidized W/2500 Gals. 28% Super X Acid, 1250 gals. 5% Acid, 2 gals. LST and flushed W/52 Bbls. Water.
5. Swab, Install Hyd PE, Test, and return to production.

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

SIGNED 	TITLE Assistant District Superintendent	DATE April 1, 1969
APPROVED BY 	TITLE	DATE
CONDITIONS OF APPROVAL, IF ANY:		