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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 AK 15 PM '66

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 <b>TEXAS PACIFIC OIL COMPANY</b>	8. Farm or Lease Name <b>State "AK"</b>
3. Address of Operator <b>P.O. Box 1069 - Hobbs, New Mexico</b>	9. Well No. <b>1</b>
4. Location of Well UNIT LETTER <u>N</u> <u>660</u> FEET FROM THE <u>South</u> LINE AND <u>1980</u> FEET FROM THE <u>West</u> LINE, SECTION <u>10</u> TOWNSHIP <u>11</u> RANGE <u>33</u> NMPM.	10. Field and Pool, or Wildcat <b>North Bagley</b>
15. Elevation (Show whether DF, RT, GR, etc.) <b>4270' DF</b>	12. County <b>Lea</b>

### 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 ☒ **Completion**

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. Ran DST #1 9480 - 9537'.
2. Ran 301 jts. 5-1/2" 15.5# & 17# csg. Set @ 10,200'.
3. Gmtd. w/300 sks. incor + 6% Gel. & 225 sks. incor + 2% Gel w/11# salt per sack.
4. Pumped plug to 10,145'. W.O.C. 18 hrs.
5. Rigged up DD unit. Reversed out wtr. w/oil. Set pkr. @ 9406'. Swab.
6. Perf. w/2 SPF @ 9500-05-13'. Swab. Acidized w/500 gal. 15% NE acid + 22 BO. Shut down.
7. Swab & flow. Ran 2-3/8" tbg. Set @ 9372', pkr. @ 9400'.
8. Placed well on Kobe hydraulic pump.

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

SIGNED

TITLE

**Area Superintendent**

DATE

**8-25-66**

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: