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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 Fee
5. State Oil & Gas Lease No.
State K-4772

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 None
2. Name of Operator TEXACO Inc.	8. Farm or Lease Name New Mexico 'DE' State
3. Address of Operator P. O. Box 728 - Hobbs, New Mexico	9. Well No. 1
4. Location of Well UNIT LETTER <u>F</u> <u>1980</u> FEET FROM THE <u>North</u> LINE AND <u>1903</u> FEET FROM THE <u>West</u> LINE, SECTION <u>18</u> TOWNSHIP <u>17-S</u> RANGE <u>37-E</u> NMPM.	10. Field and Pool, or Wildcat Midway Abo
15. Elevation (Show whether DF, RT, GR, etc.) 3825' (DF)	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

SUBSEQUENT REPORT OF:

REMEDIAL WORK
COMMENCE DRILLING OPNS.
CASING TEST AND CEMENT JOB
OTHER _____
ALTERING CASING
PLUG AND ABANDONMENT

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) Acidize perfs 8926' to 8982' w/4000 gals 28% NE acid in 4 stages using 7 BS per stage.
- 2) Set pumping unit, run rods & pump.
- 3) Swab well and test.
- 4) On 24 hr PT ending 11:30 AM January 20, 1968, well pumped 87 BO and 14 BW, GOR 896, Gravity 36.1.

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

SIGNED J.G. Dievins, Jr. TITLE Assistant Dist. Superintendent DATE January 23, 1968

APPROVED BY [Signature] TITLE Supervisor DATE 1/23/68
CONDITIONS OF APPROVAL, IF ANY: