

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

CONSERVATION DIVISION
P. O. BOX 2038
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-73

5a. Indicate Type of Lease State ☐ Fee ☒
5. State Oil & Gas Lease No. -
7. Unit Agreement Name -
8. Farm or Lease Name M. B. Weir B
9. Well No. 5
10. Field and Pool, or Wildcat San Andres
12. County Lea

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 L.P. (FORM C-101) FOR SUCH PROPOSALS.)

OIL WELL ☐	GAS WELL ☐	OTHER- Water Disposal
1. Name of Operator TEXACO Inc.		
2. Address of Operator P.O. Box 728, Hobbs, NM 88240		
3. Location of Well UNIT LETTER M , 660 FEET FROM THE South LINE AND 766 FEET FROM THE West LINE, SECTION 7 TOWNSHIP 20S RANGE 38E NMPM.		

15. Elevation (Show whether DF, RT, GR, etc.)

3571' (DF)

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

NOTICE OF INTENTION TO:

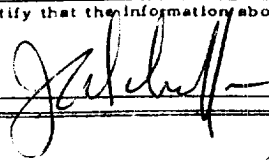
SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☐
FULL OR ALTER CASING ☐	OTHER ☐	CASING TEST AND CEMENT JOB ☐	OTHER Replace Tubing String ☒

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. Rigged up.
2. Change out 2-7/8" tubing string by replacing 2 bad joints. Ran 66 jts. 2-7/8" OD plastic coated tubing w/pkr. & set @ 2023' w/1 jt. of tail pipe.
3. Load back side of tubing w/1 drum KW-37 & 10# oxygen scavenger in 80 bbls. fresh water. Pressured to 200#.
4. Treated well w/1000 gal. 15% NE Acid. Flushed w/100 bbls fresh water.
5. Return well to operation. Job complete 7-5-79.

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

SIGNED  TITLE **Asst. Dist. Supt.**

DATE **8-1-79**

APPROVED BY

TITLE

DATE

AUG 6 1979

CONDITIONS OF APPROVAL, IF ANY: