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RECEIVED BY
NEW MEXICO OIL CONSERVATION COMMISSION
MAR 28 1984
O. C. D.
ARTESIA, OFFICE

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.
 B-936

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
2. Name of Operator Texas American Oil Corporation		8. Farm or Lease Name Etz State
3. Address of Operator 300 West Wall - Suite 400 Midland, Texas 79701		9. Well No. 23
4. Location of Well UNIT LETTER <u>N</u> <u>990</u> FEET FROM THE <u>S</u> LINE AND <u>1650</u> FEET FROM THE <u>W</u> LINE, SECTION <u>16</u> TOWNSHIP <u>17S</u> RANGE <u>30E</u> NMPM.		10. Field and Pool, or Wildcat <i>Grayburg Jackson</i>
15. Elevation (Show whether DF, RT, GR, etc.) 3665' GR		12. County Eddy

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
 NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <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.

2-28-84 thru 3-18-84.
 Squeezed Queen perfs. 2070'-2076' w/100 sx. cement + 75 sx. down bradenhead.
 Cleaned out to 4025' & acidized the Grayburg Formation from 2523'-3962' w/240
 bbls. 15% HCl acid.

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

SIGNED *R.D. Henson* TITLE Monahans Dist. Mgr. DATE 3-27-84

(R.D. Henson)

Original Signed By
 Leslie A. Clements
 Supervisor District II

DATE MAR 27 1984

APPROVED BY _____
 CONDITIONS OF APPROVAL, IF ANY: