

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION
P. O. BOX 2086
SANTA FE, NEW MEXICO 87501
RECEIVED BY
AUG 31 1983
O. C. D.
ARTESIA, OFFICE

Form C-103
Revised 10-1-78

5a. Indicate Type of Lease
State ☒ Fee ☐
5. State Oil & Gas Lease No.
L-1902

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 - II" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER-	7. Unit Agreement Name
2. Name of Operator Texaco Inc. ✓	8. Farm or Lease Name New Mexico 'DD' State Com.
3. Address of Operator P. O. Box 728, Hobbs, New Mexico 88240	9. Well No. 1
4. Location of Well UNIT LETTER G, 1655 FEET FROM THE North LINE AND 2310 FEET FROM THE East LINE, SECTION 32 TOWNSHIP 24-S RANGE 26-E NMPM.	10. Field and Pool, or Wildcat White City Penn Gas
15. Elevation (Show whether DF, RT, GR, etc.) 3415 (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 JOB <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.

1. Rigged up.
2. Perforate 4½" csg W/2-JSPF from 11,020'-11,026', 11,090'-11,096', 11,106'-11,119', & 11,148'-11,166'.
3. Acidize perms. 11,020'-11,166' W/8000 gals. 7½% NEFE Acid & 2000 gals CO2 in 4-equal stages using 23 Ball Sealers between stages. Flush W/treated water & CO2.
4. Install production equipment. Test & place on production.

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

SIGNED [Signature] TITLE Asst. Dist. Mgr. DATE 8-26-83

APPROVED BY _____ TITLE Original Signed By
Leslie A. Clements
Supervisor District II DATE AUG 31 1983

CONDITIONS OF APPROVAL, IF ANY: