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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-63

SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG A WELL TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT TO DRILL" (FORM C-101) FOR SUCH PROPOSALS.)		6a. Indicate Type of Lease State ☒ Fee ☐
1. OIL WELL ☒ GAS WELL ☐ OTHER ☐		6b. State Oil & Gas Lease No. State - B-10278
2. Name of Operator TEXACO Inc.		7. Unit Agreement Name None
3. Address of Operator P. O. Box 728 Hobbs, New Mexico 88240		8. From or Lease Name New Mexico "BH" State NOT-1
4. Location of Well UNIT LETTER D 990' FEET FROM THE North LINE AND 990' FEET FROM THE West LINE, SECTION 11 TOWNSHIP 12-S RANGE 32-E NMPM.		9. Well No. 4
15. Elevation (Show whether DF, RT, GR, etc.) 4388' (DF)		10. Field and Pool, or Wildcat Canrock (Devonian) East
16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐ REMEDIAL WORK ☒ ALTERING CASING ☐ TEMPORARILY ABANDON ☐ CHANGE PLANS ☐ COMMENCE DRILLING OPER. ☐ PLUG AND ABANDONMENT ☐ FULL OR ALTER CASING ☐ OTHER ☐ CASING TEST AND CEMENT JOB ☐ OTHER ☐		12. County Lea

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 103.

The following work has been completed on subject well:

1. Set CI Bridge Plug at 9700' and dumped 12' Hydromite on Bridge Plug.
2. Perforate 5 1/2" OD casing with one jet per foot 9554' to 9578', 9594' to 9604', 9636' to 9648'.
3. Acidize Perfs 9554'-9648' with 8,000 Gals. 15% NE Acid in 4-1500 Gals. stages w/12 BS between stages.
4. Swab well.
5. Well Shut in February 14, 1968.

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

SIGNED W.B. Shaw TITLE Assistant District Superintendent DATE February 16, 1968
 APPROVED BY [Signature] TITLE SUPERVISOR DISTRICT DATE Feb 16, 1968
 CONDITIONS OF APPROVAL, IF ANY: