NO. OF COPIES RECEIVED	17	Form C-103
DISTRIBUTION		Supersedes Old C-102 and C-103
SANTA FE	NEW MEXICO OIL CONSERVATION COMMISSION	Effective, 19,65
FILE	<u> </u>	I I I I I I I I I I I I I I I I I I I
U.S.G.S.	∐ SEP ∄	5a, Indicate Type of Lease State Fee
LAND OFFICE	4	5, State Oil & Gas Lease No.
OPERATOR		5, State Off & Gds Lease No.
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.)		7, Unit Agreement Name
OIL GAS WELL  2. Name of Operator	OTHER-	8, Farm or Lease Name
<u> </u>	COMPANY	·   ·
TEXAS PACIFIC OIL COMPANY  3. Address of Operator		State "C" A/c-l
P.O. Box 1069 - Hobbs, New Mexico		3
4. Location of Well	200	10. Field and Pool, or Wildcat
UNIT LETTER L 15	980 FEET FROM THE SOUTH LINE AND 660 FEET F	Bagley Siluro Devonian
THE West LINE, SECT	TION TOWNSHIP RANGE NA	MPM.
	15. Elevation (Show whether DF, RT, GR, etc.) 4245 DF	12. County
16. Charles		
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	COMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING	CHANGE PLANS CASING TEST AND CEMENT JQB	
	OTHER	
OTHER		
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 1703.  1. Rigged.up. Pulled tbg. and hydraulic pump.  2. Perf. 10,856-10,860' 8 holes w/2 JSPF.		
3. Ran 360 jts. 2" tbg.; Baker FB Pkr. @ 10,797' & ret. BP @ 10,881'. Acidized w/500 gal. 28% acid. Flushed w/500 gal. wtr. Swab back load.		
4. Reset pkr @ 10,791'. Acidized w/2000 gal. 15% NE acid.		
<ol> <li>Ran 4 jts. tail pipe @ 10,949'; Guiberson KWL pkr. @ 10,818'; Sargent hydraulic pump @ 10,809' &amp; 355 jts. 2" tbg.</li> </ol>		
6. Tie-in to tank and placed well on production.		
and the same of th		
18, I hereby certify the the information above is true and complete to the best of my knowledge and belief.		
10.1 hology control the the she she complete to the best of my knowledge and better.		
STENED Meeder	TITLE Area Superintendent	DATE 9-9-66
	T.	20 · 20 ·

CONDITIONS OF APPROVAL, IF ANY: