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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

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. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- Dual	5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
2. Name of Operator Texas Pacific Oil Company	5. State Oil & Gas Lease No.
3. Address of Operator P. O. Box 1069, Hobbs, New Mexico	7. Unit Agreement Name
4. Location of Well UNIT LETTER A 660 FEET FROM THE North LINE AND 660 FEET FROM THE East LINE, SECTION 4 TOWNSHIP 12-S RANGE 33-E NMPM.	8. Farm or Lease Name State "C" A/c-2 (DM)
	9. Well No. 1
	10. Field and Pool, or Wildcat Bagley Penn
15. Elevation (Show whether DF, RT, GR, etc.)	12. County Lea

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOB <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.

The following work was performed on July 28 thru August 11, 1965.

1. Set PSI plug and opened sleeve to Upper Penn.
2. Loaded hole w/150 bbls. distillate. Acidized w/3000 gals. CRA 15% acid w/12.9 Tons CO₂, and flushed w/150 bbls. distillate.
3. Pulled PSI plug. - Upper Penn flowed 1400 MCFPD on 1" choke. TP 400#, CP 400#.

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

H. W. DEATS

SIGNED _____ TITLE **Area Engineer** DATE **August 18, 1965**

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

