NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
OPERATOR		

NEW MEXICO OIL CONSERVATION COMMISSION

AUG 12 4 10 AM '69

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

5a. Indicate Type of Lease

State [X]   Fee [ ]

5. State Oil & Gas Lease No.

B-9380

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 [X]   GAS WELL [ ]   OTHER-

7. Unit Agreement Name
-

2. Name of Operator
TEXACO Inc.

8. Farm or Lease Name
N.M. 'AQ' State NCT-6

3. Address of Operator
P.O. Box 728, Hobbs, New Mexico 88240

9. Well No.
1

4. Location of Well

UNIT LETTER __N__, __660__ FEET FROM THE __South__ LINE AND __1980__ FEET FROM

THE __West__ LINE, SECTION __25__ TOWNSHIP __10-S__ RANGE __33-E__ NMPM.

10. Field and Pool, or Wildcat
Undesignated

15. Elevation *(Show whether DF, RT, GR, etc.)*
4212' (DF)

12. County
Lea

16.
Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

| NOTICE OF INTENTION TO: | SUBSEQUENT REPORT OF: |

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK [ ]   PLUG AND ABANDON [ ]

TEMPORARILY ABANDON [ ]

PULL OR ALTER CASING [ ]   CHANGE PLANS [ ]

OTHER _____ [ ]

SUBSEQUENT REPORT OF:

REMEDIAL WORK [ ]   ALTERING CASING [ ]

COMMENCE DRILLING OPNS. [ ]   PLUG AND ABANDONMENT [ ]

CASING TEST AND CEMENT JOB [ ]

OTHER __Perforate__ [ ]

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.

Total Depth 10,000'
4-1/2" O.D. 11.60# N-80 & J-55 Casing set at 10,000'

Perforate 4-1/2" O.D. 11.60# Casing w/2 JSPF from 9926' - 9939'.

Ran 2-3/8" O.D. tubing w/packer and set at 9841'. Spotted acid over perforations. Acidize above perforations w/2500 gals 15% NE Acid. Job complete July 29, 1969. Re-acidize w/5000 gals 28% NE Acid and flushed w/40 bbls treated water. Acidize w/15,000 gals 28% NE Acid and flushed w/7500 gals treated water.

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

SIGNED _____   TITLE **District Superintendent**   DATE **August 12, 1969**

APPROVED BY _____   TITLE **SUPERVISOR DISTRICT 1**   DATE **AUG 13 1969**

CONDITIONS OF APPROVAL, IF ANY: