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NEW MEXICO OIL CONSERVATION COMMISSION

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

5a. Indicate Type of Lease	
State <input type="checkbox"/>	Fee <input checked="" type="checkbox"/>
5. State Oil & Gas 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.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		7. Unit Agreement Name
2. Name of Operator TEXACO Inc.		8. Farm or Lease Name F. B. Gist
3. Address of Operator P. O. Box 728, Hobbs, New Mexico 88240		9. Well No. 2
4. Location of Well UNIT LETTER H 2080 FEET FROM THE North LINE AND 660 FEET FROM THE East LINE, SECTION 31 TOWNSHIP 11-S RANGE 33-E NMPM.		10. Field and Pool, or Wildcat Bagley, Lower Penn(North)
15. Elevation (Show whether DF, RT, GR, etc.) 4316' (DF)		12. County Lea

16.

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"/>	

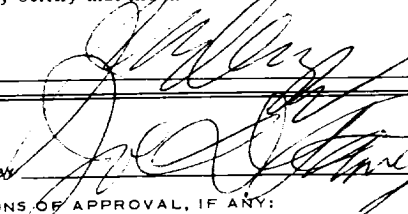
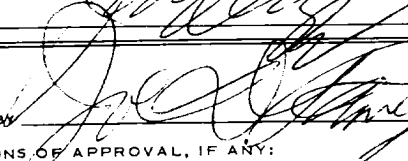
17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

The following work has been completed on Subject Well.

F. B. Gist # 2

1. Pull Hydraulic pumping equipment.
2. Set packer @ 10,023'.
3. Acidize perforation 10,144'--- 10,212' w/10,000 gals. 15% CRA Acid in 2 equal stages using 40 ball sealers between stages.
4. Swab, test, and return to production.

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

SIGNED 	TITLE Assistant District Superintendent	DATE October 21, 1969
APPROVED BY 	TITLE _____	DATE _____
CONDITIONS OF APPROVAL, IF ANY:		