

OIL CONSERVATION DIVISION

P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

Form C-103  
Revised 10-1-78

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DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease  
State ☒ Fee ☐

5. State Oil & Gas Lease No.  
**OG-1395**

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. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER-	7. Unit Agreement Name
2. Name of Operator <b>Texaco Inc.</b>	8. Farm or Lease Name <b>New Mexico 'CT' St.</b>
3. Address of Operator <b>P.O. Box 782, Hobbs, New Mexico 88240</b>	9. Well No. <b>1</b>
4. Location of Well UNIT LETTER <b>A</b> <b>990</b> FEET FROM THE <b>East</b> LINE AND <b>990</b> FEET FROM THE <b>North</b> LINE, SECTION <b>35</b> TOWNSHIP <b>7-S</b> RANGE <b>35-E</b> NMPM.	10. Field and Pool, or Wildcat <b>Todd Lower San Andres</b>
15. Elevation (Show whether DF, RT, GR, etc.) <b>4182' (DF)</b>	12. County <b>Roosevelt</b>


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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <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.

1. Rigged up. Pull rods, pump & tubing.
2. Clean out to 4289'.
3. Acidize perfs. 4235' - 4278' w/2500 gals. 15% Acid.
4. Install pumping equipment. Test & 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 Asst. Dist. Manager DATE 5-13-82

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE MAY 17 1982  
CONDITIONS OF APPROVAL, IF ANY: