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LAND OFFICE		
OPERATOR		

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 checked="" type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.	
NM 212	
7. Unit Agreement Name	
8. Farm or Lease Name	
State "B" A/c-1	
9. Well No.	
2	
10. Field and Pool, or Wildcat	
Bagley Siluro Devonian	
12. County	
Lea	

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- Salt Water Disposal	
2. Name of Operator	
Texas Pacific Oil Company, Inc.	
3. Address of Operator	
P. O. Box 4067, Midland, Texas 79701	
4. Location of Well	
UNIT LETTER B, 660 FEET FROM THE North LINE AND 1980 FEET FROM THE East LINE, SECTION 11 TOWNSHIP 12-S RANGE 33-E NMPM.	
15. Elevation (Show whether DF, RT, GR, etc.)	
4243' DF	

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"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>
OTHER <input type="checkbox"/>	OTHER Convert to Salt Water Well <input checked="" 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. Deepen well to 11,041'

2. Perf 53 holes w/4" DLM 23 Gun 11,014' - 11,041'

3. Acidize 11,014' - 11,041' w/5000 Gals. 15% HCL

4. Acidize 10,850' - 11,041' w/5000 Gals. HCL

5. Ran 3 1/2" Plastic Coated Tubing and Packer set at 8446'. Loaded Annulus w/treated water.

6. Commenced injection September 15, 1974.

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

SIGNED Lloyd Wright TITLE Area Superintendent DATE 9-19-74

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: _____