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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 <small>(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.)</small>		5a. Indicate Type of Lease State <input checked="" type="checkbox"/> For <input type="checkbox"/>
1. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER-		5. State Oil & Gas Lease No. State B-10076
2. Name of Operator TEXACO Inc.		7. Unit Agreement Name None
3. Address of Operator P. O. Box 728 Hobbs, New Mexico 88240		8. Farm or Lease Name New Mexico "LV" St. NCT-1
4. Location of Well UNIT LETTER <u>N</u> <u>660</u> FEET FROM THE <u>South</u> LINE AND <u>1980</u> FEET FROM THE <u>West</u> LINE, SECTION <u>26</u> TOWNSHIP <u>13-S</u> RANGE <u>33-E</u> NMPM.		9. Well No. 4
10. Field and Pool, or Wildcat Undesignated		11. County Lea
15. Elevation (Show whether DF, RT, GR, etc.) 4217' DF		12. County Lea

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐
OTHER ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐
OTHER ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☒
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOBS ☐
OTHER ☐
ALTERING CASING ☐
PLUG AND ABANDONMENT ☐

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:

1. Set cast iron bridge plug at 6200'.
2. Perforate casing w/4 jet shots at 6150'.
3. Set drillable cement retainer at 6125'.
4. Cement 5-1/2" casing w/250 sx cement.
5. Perforate 5-1/2" casing w/2 jet shots per foot at 5600', 5605', 5616', 5688', 5748', 5754', 5810', 5820', 5830', 5835', 5848'.
6. Acidize w/2500 gals 15% NE acid w/ball sealers. Reacidize w/6000 gals 28% NE acid.
7. Swab well.
8. Well ASD - Held for Secondary Recovery May 1, 1968.

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

SIGNED [Signature] TITLE Assistant District Superintendent May 3, 1968

APPROVED BY [Signature] TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: