NO. OF COPIES RECEIVE	ED.	7				Form	C-103		
DISTRIBUTION		7					sedes Old		
ANTA FE		NE'	W MEXICO OIL CO	NSERVATION	COMMISSION		2 and C-103 tive 1-1-65		
FILE									
J.S.G.S.		1				5a. Indic	ate Type of Leas	e	
_AND OFFICE		1				State	X	Fee .	
OPERATOR						5. State	Oil & Gas Lease	No.	
		_				В	-9385		
(DO NOT USE TH	15 FORM FOR PE	ROPOSALS TO DRILL	AND REPORTS (JG BACK TO A DIFF	ERENT RESERVOIR.				
i.	GAS WELL	OTHER-				7, Unit A	Agreement Name		
2. Name of Operator							8. Farm or Lease Name		
TEXACO Inc. 3. Address of Operator							N.M. 'AN' State		
P. O. Box 728, Hobbs, New Mexico 88240									
4. Location of Well						1	d and Pool, or Wi	i	
UNIT LETTER	<u> </u>	660FEET	FROM THEEas	3t LINE AND.	660 F	EET FROM Sauno	lers Perm	o Penn	
THE North	LINE, SECT	10N 22	TOWNSHIP 12	↓-S RANGE	33-E	NMPM.			
mmm	mm	1.21	Elevation (Show whet	her DF. RT. GR.	etc.)	12. Cour	1th	HHHH	
			4213' DI		,	Lea			
16.	Check	Appropriate	Box To Indicate		lotice Report				
N		INTENTION T		l	-	QUENT REPOR			
•••	•					•			
PERFORM REMEDIAL WOR	ік 🗍		PLUG AND ABANDON	REMEDIAL W	ORK		ALTERING CASI	N G	
TEMPORARILY ABANDON	$ \ \Box$		_	COMMENCE	DRILLING OPNS.		PLUG AND ABANT	DONMENT	
PULL OR ALTER CASING			CHANGE PLANS	CASING TES	T AND CEMENT JOB				
	_			OTHER_	Acidi2	ze		x	
OTHER									
17. Describe Proposed work) SEE RULE 1		Operations (Clear	ly state all pertinent	details, and give	pertinent dates,	including estimated	date of starting	any proposea	
1.	Pulled	rods and	numn.						
				7 0006 1		/ 500			
2.	Acidized perforations 9757-9936 down tubing w/ 500 gals. zylene & 1000 gals. 15% NEA, flushed w/ 70 Bbls. formation water.								
3.	Ran rods and pump, returned to production.								
4.	On 24 hour test, 12-24-73, pumped 35 BNO, 39 BSW, gravity 41.1, GOR 1685.								
		-							
18. I hereby certify that	t the informati	on/above is true s	and complete to the b	est of my knowle	dge and belief.				
70. I hereby certify that	. 1 // /	/	· · • · · · · · · · · · · · · · · ·	-	-				
\mathcal{M}		1		Annt Di	late Grant		12-27-	73	
SIGNED	May	<i></i>	· · · · · · · · · · · · · · · · · · ·	ABSU. D	Lst. Supt	DATE	TE-E1-	13	
		O.A. Sign	1 by					51 3 30 3	

CONDITIONS OF APPROVAL, IF ANY: