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# NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103  
Supersedes Old  
C-102 and C-103  
Effective 3-1-65

5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. B-9857

## 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 None
2. Name of Operator TEXACO Inc.	8. Farm or Lease Name New Mexico "BU" St. NCT-1
3. Address of Operator P. O. Box 728, Hobbs, New Mexico 88240	9. Well No. 1
4. Location of Well UNIT LETTER I, 1981 FEET FROM THE South LINE AND 660 FEET FROM THE East LINE, SECTION 28 TOWNSHIP 14-S RANGE 33-E NMPM.	10. Field and Pool, or Wildcat Saunders
15. Elevation (Show whether DF, RT, GR, etc.) 4216' (D. F.)	12. County Lea

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

SUBSEQUENT REPORT OF:

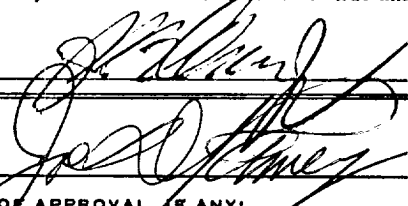

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	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.

The following work has been completed on subject well:

1. Pulled production tubing.
2. Ran tubing and prepare to acidize.
3. Acidize open hole 9902' - 9920' w/ 1000 gals. 28% NE Acid followed by 1000 gals. water.
4. Install pumping equipment, test, return well 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 Sept. 4, 1968
APPROVED BY 	TITLE DISTRICT SUPERINTENDENT	DATE SEP 5 1968
CONDITIONS OF APPROVAL, IF ANY:		