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HOBBS OFFICE
NEW MEXICO OIL CONSERVATION COMMISSION
 JUL 2 4 30 PM '69

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

5a. Indicate Type of Lease
 State Fee
 5. State Oil & Gas Lease No.
 -

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 -
2. Name of Operator TEXACO Inc.	8. Farm or Lease Name H. H. Harris
3. Address of Operator P. O. Box 728, Hobbs, New Mexico 88240	9. Well No. 3
4. Location of Well UNIT LETTER X 71 , 990 FEET FROM THE West LINE AND 660 FEET FROM THE South LINE, SECTION 35 TOWNSHIP 12-S RANGE 38-E NMPM.	10. Field and Pool, or Wildcat Bronco (Wolfcamp)
15. Elevation (Show whether DF, RT, GR, etc.) 3790' (GR)	12. County Lea

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

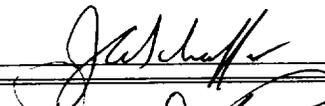
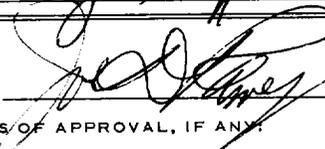
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> OTHER _____ <input type="checkbox"/>	REMEDIAL WORK <input checked="" type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> CASING TEST AND CEMENT JOB <input type="checkbox"/> OTHER _____ <input type="checkbox"/>
PLUG AND ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/> PLUG AND ABANDONMENT <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 rods and tubing.
 2. Ran tubing w/packer and set @8955'.
 3. Acidized casing perforations 9077-93' w/3000 gals 28% NE Acid in 3 equal stages following each stage w/1000 gals treated water separated w/100# Unibeads.
 4. Well completed ASD (Abandoned, Salvage Deferred) - Held for Salt Water Disposal. Job complete 7:00 AM, July 2, 1969.

Note: Request that the allowable be set @ Zero (0).

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 July 2, 1969
APPROVED BY 	TITLE SUPERVISOR DISTRICT	DATE _____

CONDITIONS OF APPROVAL, IF ANY: