

NEW MEXICO OIL CONSERVATION COMMISSION

5a. Indicate Type of Lease	
State <input type="checkbox"/>	Fee <input checked="" type="checkbox"/>
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. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER-		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. 2
4. Location of Well UNIT LETTER 0 , 650 FEET FROM THE South LINE AND 1800 FEET FROM THE East LINE, SECTION 35 TOWNSHIP 12-S RANGE 38-E NMPM.		10. Field and Pool, or Wildcat Bronco Siluro Devonian
15. Elevation (Show whether DF, RT, GR, etc.) 3800' (DF)		12. County Lea

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

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>

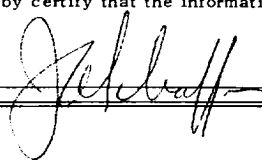
SUBSEQUENT REPORT OF:

REMEDIAL WORK <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOB <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.

1. Pull Pump & Tbg.
2. Ran Packer & Set @ 11,696'.
3. Acidized 3½" OD Devonian Csg. perforations, 11,827' - 12,831', w/2500 gal. 15% NE Acid containing 165 gal Tretolite ST 181 scale inhibitor. Flushed w/31 Bbls Treated fresh water.
4. Pull packer & ran pump.
5. Test & Return to production.

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

SIGNED  TITLE Asst. Dist. Supt. DATE 1-26-76
APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: