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NEW MEXICO OIL CONSERVATION COMMISSION

HUBBS OFFICE O. C. C.
JUN 3 8 27 AM '68

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

5a. Indicate Type of Lease	State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.	New Mexico "AM" 1-1

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 B - 9385
3. Address of Operator P. O. Box 728 Hobbs, New Mexico 88240	9. Well No. 9
4. Location of Well UNIT LETTER C, 660 FEET FROM THE North LINE AND 1980 FEET FROM THE West LINE, SECTION 22 TOWNSHIP 14-S RANGE 33-E NMPM.	10. Field and Pool, or Wildcat Saunders
11. Elevation (Show whether DT, RT, GR, etc.) 4223' (D.F.)	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 checked="" type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input 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.

We propose to do the following work on subject well:

1. Pull rods and tubing.
2. Perforate 4 1/2" casing w/2 JSPF 9808' - 9810'; 9822' - 9826'; 9830' - 9832'.
3. Run RTTS tool and RBP and acidize w/2000 gal 15% acid in 2 stages w/10 ball sealers between stages.
4. Swab.
5. Run production equipment and return to production.

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

SIGNED WE Morgan TITLE Assistant District Superintendent DATE May 31, 1968

APPROVED BY [Signature] TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: