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NEW MEXICO OIL CONSERVATION COMMISSION

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. B-10076	

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 N.M. 'BV' St. NCT-2
3. Address of Operator P. O. Box 728, Hobbs, New Mexico 88240		9. Well No. 1
4. Location of Well UNIT LETTER E , 1980 FEET FROM THE North LINE AND 660 FEET FROM THE West LINE, SECTION 35 TOWNSHIP 13-S RANGE 33-E NMPM.		10. Field and Pool, or Wildcat Lazy J Penn
15. Elevation (Show whether DF, RT, GR, etc.) 4205' DF		12. County Lea

16. 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 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 checked="" type="checkbox"/> Acidize

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. Pulled rods and pump.
2. Acidized perforations 9672-9876 down tubing w/ 500 gals. Zylene and 1000 gals. 15% NEA, Flushed w/ 70 BSW.
3. Ran rods and pump, returned to production.
4. On 24 hour test, 12-22-73, pumped 18 BNO, 16 BSW, gravity 41.2, GOR 1565.

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 **12-27-73**

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: