

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
OPERATOR		

# 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	
7. Unit Agreement Name	
-	
8. Farm or Lease Name	
N M 'BV' State NCT-2	
9. Well No.	
1	
10. Field and Pool, or Wildcat	
Lazy J Pennsylvanian	
12. County	
Lea	

## 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-
2. Name of Operator
TEXACO Inc.
3. Address of Operator
P.O. Box 728, Hobbs, New Mexico 88240
4. Location of Well
UNIT LETTER <u>E</u> , <u>1980</u> FEET FROM THE <u>North</u> LINE AND <u>660</u> FEET FROM
THE <u>West</u> LINE, SECTION <u>36</u> TOWNSHIP <u>13-S</u> RANGE <u>33-E</u> NMPM.

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 ☐  
TEMPORARILY ABANDON ☐  
PULL OR ALTER CASING ☐

PLUG AND ABANDON ☐

CHANGE PLANS ☐

OTHER ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☒

COMMENCE DRILLING OPNS. ☐

CASING TEST AND CEMENT JOBS ☐

OTHER ☐

ALTERING CASING ☐

PLUG AND ABANDONMENT ☐

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. Pull rods, pump and tubing.
2. Perforate 4-1/2" csg w/1 JSPF from 9672' to 9678' and from 9691' to 9697'.
3. Acidize with 2,000 gal 15% acid in 2 equal stages w/13 ball sealers between stages.
4. Swab, test 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 W. Morgan TITLE District Superintendent DATE October 29, 1969

APPROVED BY [Signature] TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

