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NEW MEXICO OIL CONSERVATION COMMISSION

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

6a. Indicate Type of Lease

State ☒ Fee ☐

5. State Oil & Gas Lease No.
State - B-9380

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-	7. Unit Agreement Name NONE
2. Name of Operator TEXACO Inc.	8. Farm or Lease Name N. M. "AO" State NCT-11
3. Address of Operator P. O. Box 728 - Hobbs, New Mexico	9. Well No. 1
4. Location of Well UNIT LETTER <u>J</u> 1980 FEET FROM THE <u>South</u> LINE AND 1980 FEET FROM THE <u>East</u> LINE, SECTION <u>3</u> TOWNSHIP <u>14-S</u> RANGE <u>33-E</u> NMPM.	10. Field and Pool, or Wildcat Lazy J Pennsylvanian
15. Elevation (Show whether DF, RT, GR, etc.) 4225' (D. F.)	12. County Lea

16.

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK <input checked="" 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 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 1708.

We propose to do the following work on subject well:

1. Pull the rods, pump & tubing.
2. Set retrievable bridge plug at 9810'.
3. Perforate the 4 1/2" O. D. Casing with 2 jet shots per foot from 9768' to 9776'.
4. If necessary acidize with 1500 gallons 15% NE acid. Swab well, recover load, Test, and return well to production.

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

SIGNED J. O. Blevins, Jr. TITLE Assistant District Supt. DATE July 25, 1967

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: