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NEW MEXICO OIL CONSERVATION COMMISSION

Dec 30 10 33 AM '69

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

DEC 22 3 21 AM '69

4. Indicate Type of Lease	State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.	OG-1516
7. Unit Agreement Name	-
8. Farm or Lease Name	New Mexico "DM" State
9. Well No.	NCT-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 <input type="checkbox"/>
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>N</u> <u>660</u> FEET FROM THE <u>South</u> LINE AND <u>1980</u> FEET FROM THE <u>West</u> LINE, SECTION <u>21</u> TOWNSHIP <u>13-S</u> RANGE <u>33-E</u> NMPM.

15. Elevation (Show whether DF, RT, GR, etc.)

4266' (DF)

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.

The following work has been completed on subject well:

1. Pull pumping equipment.
2. Run tubing w/packer and set @ 9700'.
3. Acidize perforations 9742'-9792' w/4000 gal 15% Klen-flow acid in 2 equal stages w/150# unibeads between stages.
4. Run pumping equipment, 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 [Signature] TITLE Assistant District Superintendent

DATE December 23, 1969

APPROVED BY [Signature] TITLE [Signature]

DATE DEC 31 1969

CONDITIONS OF APPROVAL, IF ANY:

