

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-77

5a. Indicate Type of Lease
State ☒ For ☐
5. State Oil & Gas Lease No.
B7897

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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- Water Injection	7. Unit Agreement Name
2. Name of Operator Texaco Producing Inc.	8. Farm or Lease Name Lovington San Andres Unit
3. Address of Operator PO Box 723, Hobbs, New Mexico 88240	9. Well No. 13
4. Location of Well UNIT LETTER L 1980 FEET FROM THE South LINE AND 330 FEET FROM THE West LINE, SECTION 32 TOWNSHIP 16S RANGE 37E NMPM.	10. Field and Pool, or Wildcat Lovington San Andres
15. Elevation (Show whether DF, RT, GR, etc.) 3823' KB	12. County Lea

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input checked="" 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 JOB <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.

- 1) MIRU. Pull tubing and packer.
- 2) Found and replaced 2 bad joints.
- 3) Tested tubing in hole.
- 4) Tested casing to 500# for 30 minutes, Ok. Obtained chart.
- 5) Acidized with 1000 gallons 28% NEFE.
- 6) Returned to injection service.

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

397-3571

SIGNED J. A. Head TITLE Hobbs Area Superintendent DATE 12/10/37

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE JAN - 5 1988

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

JAN 5 1998

OLD
HOBBS OFFICE