

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

Form C-103
Revised 10-1-78

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

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

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 ☐ GAS WELL ☐ OTHER-		7. Unit Agreement Name
2. Name of Operator Texaco Producing Inc.		8. Farm or Lease Name H. T. Montieth
3. Address of Operator P.O. Box 728, Hobbs, NM 88240		9. Well No. 2
4. Location of Well UNIT LETTER <u>P</u> <u>660</u> FEET FROM THE <u>South</u> LINE AND <u>510</u> FEET FROM THE <u>East</u> LINE, SECTION <u>20</u> TOWNSHIP <u>16S</u> RANGE <u>37E</u> N.M.P.M. 10. Field and Pool, or Vicinity Lovington NE Penn		12. County Lea
15. Elevation (Show whether OF, RT, GR, etc.) 3823' KB		

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK ☒	PLUG AND ABANDON ☐	REMEDIAL WORK ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐	OTHER ☐	CASING TEST AND CEMENT JOBS ☐	

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) Rig up perforators. Test lubricator to 2500 psi.
- 2) TIH w/1 11/16" thru tbg perforating gun. Perforate 11,333-339 and 11,356-380 w/1 JSPF (32', 32 holes).
- 3) Acidize perfs 11,333-380 as follows:
 - a) Pump 1000 gal 20% NEFE gelled acid
 - b) Pump 500# rock salt in gelled brine as a block
 - c) Pump 2000 gal 20% NEFE gelled acid
 - d) Pump 500# rock salt in gelled brine
 - e) Pump 2000 gal 20% NEFE gelled acid Note: The blocks should be adjusted as needed. (6-5 BPM 4000#)
- 4) Swab test perfs
- 5) Place on production.

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

SIGNED [Signature] TITLE District Admin. Supervisor DATE 01/20/87

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT 1 SUPERVISOR

APPROVED BY _____ TITLE _____ DATE JAN 27 1987

CONDITIONS OF APPROVAL, IF ANY: