

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-101
Effective 1-1-65

COPIES OF THIS REPORT	
DISTRICT OFFICE	
STATE OFFICE	
LAND OFFICE	
OPERATION	

5a. Indicate Type of Lease
State ☒ For ☐
5. State Oil & Gas Lease No.
State - B-867

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.
SEE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐	7. Unit Agreement Name
2. Name of Operator	NONE
3. Address of Operator	8. Farm or Lease Name
Texaco Inc.	New Mexico "H" State
P. O. Box 728 Hobbs, New Mexico 88240	9. Well No.
4. Location of Well	2
UNIT LETTER <u>H</u> <u>660</u> FEET FROM THE <u>South</u> LINE AND <u>660</u> FEET FROM	10. Field and Pool, or Willcat
THE <u>East</u> LINE, SECTION <u>2</u> TOWNSHIP <u>18-S</u> RANGE <u>34-E</u> NMPM.	Vacuum
15. Elevation (Show whether DF, RT, GR, etc.)	12. County
4014 (DF)	Log

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 ☐	
OTHER ☐		OTHER ☐	

17. Description of Pending or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1100.

The following work has been completed on subject well:

1. Set RTTS tool and set @ 4014'.
2. Frac open hole 4090' to 4710' in 3 10,000 gal stages gelled brine w/1# 20-40 sand per gal, separated w/5000# rock salt.
3. Run pump equipment.
4. Recover load and place well on production.
5. On 24 hour potential test ending 11:00 AM March 15, 1968 well pumped 74 BBLS oil and 9 BBLS water. COR 1419, Gravity 36.2.

I, 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 March 19, 1968

APPROVED BY [Signature] TITLE _____ DATE _____

CONDITION OF APPROVAL, IF ANY: