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# NEW MEXICO OIL CONSERVATION COMMISSION

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

5a. Indicate Type of Lease	
State <input checked="" type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.	
B-1189	
7. Unit Agreement Name	
NONE	
8. Farm or Lease Name	
NCT-1	
New Mexico "AC" State	
9. Well No.	
7	
10. Field and Pool, or Wildcat	
Vacuum	
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>1987</u> FEET FROM	
THE <u>West</u> LINE, SECTION <u>2</u> TOWNSHIP <u>18-S</u> RANGE <u>34-E</u> NMPM.	
15. Elevation (Show whether DF, RT, GR, etc.)	
4013 (DF)	

16.

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

### NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐  
TEMPORARILY ABANDON ☐  
PULL OR ALTER CASING ☐  
OTHER ☐

PLUG AND ABANDON ☐  
CHANGE PLANS ☐

### SUBSEQUENT REPORT OF:

REMEDIAL WORK ☒  
COMMENCE DRILLING OPER. ☐  
CASING TEST AND CEMENT JOBS ☐  
OTHER ☐  
ALTERING CASING ☐  
PLUG AND ABANDONMENT ☐

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 this well:

1. Frac open hole 4311'-4710' w/2 stages 10,000 gals gelled brine ea stage w/1# 20/40 sd/gal. Followed 1st and 2nd stages w/2500# rock salt. 2nd stage of rock salt pressured well up.
2. Recovered load and returned well to production.
3. On 24 hour potential test ending 2:30 PM March 22, 1968, well pumped 63 BBLS oil and 26 BBLS water. GOR 680, Gravity 37.1.

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

SIGNED [Signature] TITLE District Accountant DATE March 25, 1968

APPROVED BY [Signature] TITLE  DATE

CONDITIONS OF APPROVAL, IF ANY: