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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-1031
7. Unit Agreement Name
Form or Lease Name New Mexico "AB" St.
Well No. 2
10. Field and Pool, or Wildcat Vacuum Abo Reef
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 P , 560 FEET FROM THE East LINE AND 660 FEET FROM THE South LINE, SECTION 6 TOWNSHIP 18-S RANGE 35-E N.M.P.M.
15. Elevation (Show whether DF, RT, GR, etc.) 3966' GR

16.

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 Perforate & Acidize <input checked="" type="checkbox"/>

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input 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.

1. Perforate 4½" Liner w/ 2 JSPF @ 8221, 31, 47, 60, 86, 99, 8315, 39, 47, 58, 67, 89, 8407, 15, 28, 50, 61, 71, 85, 8515, 34, 44, 48, 76, 88, 96, 8608, 27, 78, & 8682'.
2. Set RBP @ 8700' & Dump sand on plug.
3. Spot Acid across New perforations & breakdown w/ 1000 gals. 15% NEA.
4. Acidize w/ 6000 gals. 15% CRA.
5. Swab, test & return to production.

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

SIGNED *J. Schuff* TITLE **Asst. Dist. Supt.** DATE **4-17-73**

APPROVED BY *Lester A. Clements* TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: