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# NEW MEXICO OIL CONSERVATION COMMISSION

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

## 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"/>		5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
2. Name of Operator <b>TEXACO Inc.</b>		5. State Oil & Gas Lease No. <b>B-1031</b>
3. Address of Operator <b>P. O. Box 728, Hobbs, New Mexico 88240</b>		7. Unit Agreement Name
4. Location of Well UNIT LETTER <b>0</b> <b>660</b> FEET FROM THE <b>South</b> LINE AND <b>1980</b> FEET FROM THE <b>East</b> LINE, SECTION <b>6</b> TOWNSHIP <b>18-S</b> RANGE <b>35-E</b> N.M.P.M.		8. Farm or Lease Name <b>New Mexico "AB" St.</b>
15. Elevation (Show whether DF, RT, GR, etc.) <b>3564' DF</b>		9. Well No. <b>3</b>
		10. Field and Pool, or Wildcat <b>Vacuum Abo Reef</b>
		12. County <b>Lea</b>

16.

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

NOTICE OF INTENTION TO:

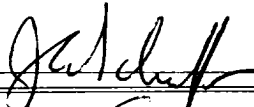

SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input 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"/>		CASING TEST AND CEMENT JOBS <input type="checkbox"/>	
OTHER <b>Perforate &amp; Acidize</b> <input checked="" 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/ 1 JSPF @ 8253, 57, 72, 83, 8301, 12, 31, 43, 48, 64, 87, 99, 8402, 06, 12, 19, 26, 36, 44, 54, & 8458'.
2. Acidize w/ 4500 gals. 20% NEA.
3. 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 	TITLE <b>Asst. Dist. Supt.</b>	DATE <b>4-17-73</b>
APPROVED BY 	TITLE	DATE
CONDITIONS OF APPROVAL, IF ANY:		