

|                        |  |
|------------------------|--|
| NO. OF COPIES RECEIVED |  |
| DISTRIBUTION           |  |
| SANTA FE               |  |
| FILE                   |  |
| U.S.G.S.               |  |
| LAND OFFICE            |  |
| OPERATOR               |  |

# 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 PLUGGING OF WELL OR TO DEFEAT OR PLUG BACK TO A DIFFERENT RESERVOIR.  
SEE INSTRUCTIONS FOR REPORT ON FORM C-1011 FOR SUCH OPERATIONS.)

|                                                                                                                                                                                                              |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER                                                                                             |
| 2. Name of Operator<br><b>TEXACO Inc.</b>                                                                                                                                                                    |
| 3. Address of Operator<br><b>P. O. Box 728, Hobbs, New Mexico 38240</b>                                                                                                                                      |
| 4. Location of Well<br>UNIT LETTER <b>G</b> <b>1980</b> FEET FROM THE <b>North</b> LINE AND <b>1980</b> FEET FROM<br>THE <b>East</b> LINE, SECTION <b>25</b> TOWNSHIP <b>18-S</b> RANGE <b>37-E</b> N.M.P.M. |
| 5. Elevation (Show whether DF, RT, GR, etc.)<br><b>3660' (GR)</b>                                                                                                                                            |

|                                                                                                      |
|------------------------------------------------------------------------------------------------------|
| 5a. Indicate Type of Lease<br>State <input checked="" type="checkbox"/> Fee <input type="checkbox"/> |
| 5. State Oil & Gas Lease No.<br><b>B-159</b>                                                         |
| 7. Unit Agreement Name<br><b>-</b>                                                                   |
| 8. Farm or Lease Name<br><b>New Mexico DD&amp;B 'C' St.</b>                                          |
| 9. Well No.<br><b>3</b> <b>NCT-T</b>                                                                 |
| 10. Field and Pool, or Wildcat<br><b>Hobbs Grayburg San Andres</b>                                   |
| 12. County<br><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"/><br>TEMPORARILY ABANDON <input type="checkbox"/><br>PULL OR ALTER CASING <input type="checkbox"/><br>OTHER <input type="checkbox"/>               | PLUG AND ABANDON <input type="checkbox"/><br>CHANGE PLANS <input type="checkbox"/><br>OTHER <input type="checkbox"/> |
| REMEDIAL WORK <input checked="" type="checkbox"/><br>COMMENCE DRILLING OPNS. <input type="checkbox"/><br>CASING TEST AND CEMENT JOBS <input type="checkbox"/><br>OTHER <input type="checkbox"/> |                                                                                                                      |
| ALTERING CASING <input type="checkbox"/><br>PLUG AND ABANDONMENT <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. Pull rods and tubing. Install BOP.
2. Set packer @ 3950'. Acidize perforations 3988'-4085' w/4500 gal. 15% NE acid & 900 gals Safe Mark II acid. Acidize in 3-equal stages using 350# Rock Salt between stages. Flush w/25 bbls. water.
3. Frac 4-1/2" csg perforations 3988-4085' w/20,000 gals super emulsifrac & 30,000# 20/40 sand in 2-equal stages using 10 ball sealers for block.
4. Flush w/25 bbls. fresh water.
5. Install pumping equipment. Test and return to production.

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

SIGNED *Jerry Sexton* TITLE Asst. District Supt. DATE 11-29-76

APPROVED BY Orig. Signed by Jerry Sexton TITLE  DATE   
CONDITIONS OF APPROVAL, IF ANY: