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OPERATOR		

# 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-1258-1	
7. Unit Agreement Name	
8. Farm or Lease Name	
N.M. 'AE State	
9. Well No.	
11	
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 <u>I</u> 1980 FEET FROM THE <u>South</u> LINE AND 660 FEET FROM
THE <u>East</u> LINE, SECTION <u>11</u> TOWNSHIP <u>18-S</u> RANGE <u>34-E</u> NMPM.
15. Elevation (Show whether DF, RT, GR, etc.)
4008' 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 ☐  
OTHER ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐  
COMMENCE DRILLING OPNS. ☐  
CASING TEST AND CEMENT JOB ☐  
OTHER Squeeze & Perforate ☒  
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.

1. Squeezed 2 7/8" casing perforations 8803-8840' w/ 115 sx. visqueez followed w/ 50 bbls. lease crude.
2. Squeezed 2 7/8" casing perforations 8803-8940' w/ 290 sx. Class 'G' cement mixed w/ kerosene.
3. Acidized perforations 8803-8830 w/ 500 gals. 15% NEA.
4. Well TR-0 ( To be Reconditioned - Oil), 8-24-73.

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

SIGNED [Signature] TITLE Asst. Dist. Supt. DATE 8-24-73

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY: