

NEW MEXICO OIL CONSERVATION COMMISSION

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U.S.G.S.	
LAND OFFICE	
OPERATOR	

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 New Mexico 'AE' State
9. Well No. 11
10. Field and Pool, or Wildcat Vacuum Abo
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 I , 1980 FEET FROM THE South LINE AND 660 FEET FROM THE East LINE, SECTION 11 TOWNSHIP 18-S RANGE 34-E 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 ☐

PLUG AND ABANDON ☐

CHANGE PLANS ☐

OTHER ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOB ☐
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.

TEXACO Inc. Proposes To Do The Following Work On Subject Well

1. Pull hydraulic pumping equipment.
2. Perforate 2 7/8" O.D. tubing w/1- JSPF from 8803'-8840'.
3. Set RBP @ 8850'. Dump 1 Sx. sand on plug & spot acid over perforations.
4. Acidize new perforations w/6000 gals. 28% NE Acid in 3 equal stages. Follow each stage w/5 bbls. lease crude down tubing. Flush last stage w/50 bbls. lease crude.
5. Swab, test and return to production.
6. If well produces top allowable, leave RBP until well falls below top allowable.

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

SIGNED

TITLE

**Assistant District
Superintendent**

DATE **October 15, 1969**

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: