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NEW MEXICO OIL CONSERVATION COMMISSION

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

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|--|--|
| 5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/> | |
| 5. State Oil & Gas Lease No. B-1306-1 | |
| 7. Unit Agreement Name | |
| 8. Farm or Lease Name N.M. 'R' State NCT-1 | |
| 9. Well No. 6 | |
| 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.)

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| 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 H 760 FEET FROM THE East LINE AND 2310 FEET FROM THE North LINE, SECTION 6 TOWNSHIP 18-S RANGE 35-E N.M.P.M. |
| 15. Elevation (Show whether DF, RT, GR, etc.) 3890' DF |

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 **Perforate and acidize** ☒

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.

1. Perforate 2 7/8" tubing w/ 2 JSPI @ 8275, 93, 8300, 05, 16, 27, 37, 51, 65, 73, 91, 8403, and 8420.
2. Run and set RBP @ 8440, spot acid from 8275-8420, set packer @ 8250 and breakdown perforations w/ 500 gals. 20% NEA, pull packer.
3. Acidize perforations w/ 4000 gals. 20% NEA in 4 stages separated w/ 7 ball sealers in 500 gals. treated fresh water between stages. Flush w/ 40 bbls. treated fresh water.
4. Swab, 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 *J. A. Schuff*

TITLE **Asst. Dist. Supt.**

DATE **8-8-73**

APPROVED BY _____

TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY: