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 PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT —" (FORM C-101) FOR SUCH PROPOSALS.)

5a. Indicate Type of Lease: State [X] Fee [ ]

5. State Oil & Gas Lease No.: B-1304-1

1. OIL WELL [X] GAS WELL [ ] OTHER-

7. Unit Agreement Name: None

2. Name of Operator: TEXACO Inc.

8. Farm or Lease Name: New Mexico "P" State

3. Address of Operator: P. O. Box 728, Hobbs, New Mexico 88240

9. Well No.: 6

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 NMPM.

10. Field and Pool, or Wildcat: Vacuum Abo

15. Elevation (*Show whether DF, RT, GR, etc.*): 3980' (D. F.)

12. County: Lea

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK [ ]	PLUG AND ABANDON [ ]	REMEDIAL WORK [X]	ALTERING CASING [ ]
TEMPORARILY ABANDON [ ]		COMMENCE DRILLING OPNS. [ ]	PLUG AND ABANDONMENT [ ]
PULL OR ALTER CASING [ ]	CHANGE PLANS [ ]	CASING TEST AND CEMENT JOB [ ]	
OTHER [ ]		OTHER [ ]	

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.

THE FOLLOWING WORK HAS BEEN COMPLETED ON SUBJECT WELL:

1. Pulled Production equipment.

2. Ran RBP and set @ 8540'. Perforate 2 7/8" O. D. Casing W/ 2 JSPF from 8462' - 8467', 8472' - 8476', 8483' - 8488', 8492'-8496', 8520' - 8525'.

3. Acidize casing perforations 8462' - 8525' W/ 6000 gals. 28% NE Acid in 3 - 2000 gal. stages with 200 gal. treated water after each stage. First stage followed by 150# Unibeads, 2nd stage followed by 200# unibeads. Flushed treatment W/50 bbls. oil.

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 [signature] TITLE Assistant District Superintendent DATE May 1, 1969

APPROVED BY [signature] TITLE [illegible] DATE MAY 5 1969

CONDITIONS OF APPROVAL, IF ANY: