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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 [X] Fee [ ]

5. State Oil & Gas Lease No.: B-1258-1

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 [X] GAS WELL [ ] OTHER-

7. Unit Agreement Name: -

2. Name of Operator: TEXACO Inc.

8. Farm or Lease Name: N.M. 'AE' State

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

9. Well No.: 6

4. Location of Well: UNIT LETTER L, 1980 FEET FROM THE South LINE AND 660 FEET FROM THE West LINE, SECTION 12 TOWNSHIP 18-S RANGE 37-E NMPM.

10. Field and Pool, or Wildcat: Vacuum Abo Reef

15. Elevation (Show whether DF, RT, GR, etc.): 3995' (GR)

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 [ ]	ALTERING CASING [ ]
TEMPORARILY ABANDON [ ]		COMMENCE DRILLING OPNS. [ ]	PLUG AND ABANDONMENT [ ]
PULL OR ALTER CASING [ ]	CHANGE PLANS [ ]	CASING TEST AND CEMENT JOB [ ]	
OTHER [ ]		OTHER Add'l. perfs. in Abo [X]	

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. Rigged up. Pull rods & pump.
2. Perforate 2-7/8" OD casing w/2 JSPF @ 8271', 78', 96', 8316', 20', 35', 38', 66', 74', 84', 93', 8406', 15', 80' & 8434'.
3. Set RBP @ 8523' & pkr @ 8191'. Acidize perforations 8271-8523' w/5000 gals 15% NE acid.
4. Reset RBP @ 8584' & pkr @ 8523'. Acidize perforations 8556-8581' w/5000 gals 15% NE acid in 2 stages using 100# salt & 50# Benzoic Acid Flakes between stages.
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 [signature] TITLE Asst. District Supt. DATE 7-6-78

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: