

NEW MEXICO OIL CONSERVATION COMMISSION

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LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease State ☒ Fee ☐
5. State Oil & Gas Lease No. B-1256-1
7. Unit Agreement Name -
6. Form or Lease Name H.M. 'AE' State
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 REOPEN OR PUMP BACK TO A DIFFERENT RESERVOIR.
USE APPLICATION FOR PERMIT TO DRILL (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐
2. Name of Operator TEXACO Inc.
3. Address of Operator P. O. Box 726 - Hobbs, New Mexico 88240
4. Location of Well UNIT LETTER L 1980 FEET FROM THE South LINE AND 660 FEET FROM THE West LINE, SECTION 12 TOWNSHIP 10-S RANGE 34-E N.M.P.M.
15. Elevation (Show whether DF, RT, GR, etc.) 3990' (GR)

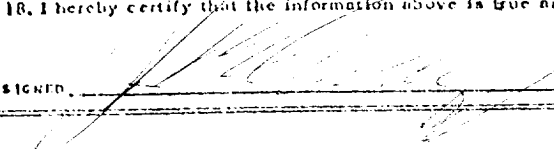
Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐	OTHER ☐	CASING TEST AND CEMENT JOBS ☐	
		OTHER ☒ Addl. perms. in Abo	

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' & 8484'.
3. Set RDP @ 8523' & pkr @ 8191'. Acidize perforations 8271-8523' w/5000 gals 15% NE acid.
4. Reset RDP @ 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 	TITLE Asst. District Supt.	DATE 7-6-78
APPROVED BY _____	TITLE _____	DATE _____
CONDITIONS OF APPROVAL, IF ANY:		