

NO. OF COPIES RECEIVED	
DISTRIBUTION	
DATE	
FILE	
NO. OF COPIES	
AND 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 RE-ENTER OR RE-DEVELOP A DIFFERENT RESERVOIR.
USE APPLICATION FOR PERMIT TO DRILL (C-101) FOR SUCH PROPOSALS.

OIL WELL ☒ GAS WELL ☐ OTHER ☐

Name of Operator
TEXACO INC.

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

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 **34-E** E.M.P.M.

15. Elevation (Show whether DF, RT, GR, etc.)
3998' (GL)

5a. Indicate Type of Lease
State ☒ Fee ☐

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.
6

10. Field and Pool, or Wildcat
Vacuum Abo Reef

12. County
Lea

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

NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK ☐	REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐	COMMENCE DRILLING OPNS. ☐
PULL OR ALTER CASING ☐	CASING TEST AND CEMENT JOB ☐
PLUG AND ABANDON ☐	OTHER ☐
CHANGE PLANS ☐	ALTERING CASING ☐
OTHER ☒ Addl. Perfs in Abo Reef	PLUG AND ABANDONMENT ☐

7. 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. Rig up. Pull rods & pump. Install BOP.
2. Perforate 2 7/8" Csg w/2-JSPT @ 8271', 78', 96', 8316', 20', 35', 38', 66', 74', 84', 93', 8406', 15', 80', & 8484'.
3. Set RBP @ 8520'. Spot acid. Set pkr. @ 8220'. Acidize perforations 8271' - 8484' w/10,000 gal. 15% gelled acid in 4-equal stages using 200# rock salt & 100# Benzoic Acid flakes between stages. Flush w/40 Bbls 2" HCL Wtr. Swab.
4. Install production equipment. Test & return to production.

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

SIGNED *[Signature]* TITLE **Asst. Dist. Supt.** DATE **9-20-77**

APPROVED BY *[Signature]* TITLE **Asst. Dist. Supt.** DATE **9-20-77**

CONDITIONS OF APPROVAL, IF ANY: