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NEW MEXICO OIL CONSERVATION COMMISSION

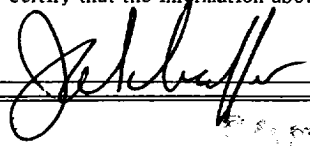
Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

SUNDRY NOTICES AND REPORTS ON WELLS <small>(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.)</small>		5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- 2. Name of Operator TEXACO INC. 3. Address of Operator P.O. Box 728, Hobbs, New Mexico 88240 4. Location of Well UNIT LETTER K . 1980 FEET FROM THE South LINE AND 1980 FEET FROM THE West LINE, SECTION 12 TOWNSHIP 18-S RANGE 34-E NMPM.		5. State Oil & Gas Lease No. --- 7. Unit Agreement Name --- 8. Farm or Lease Name New Mexico 'AE' State 9. Well No. 5 10. Field and Pool, or Wildcat Vacuum Abo Reef
15. Elevation (Show whether DF, RT, GR, etc.) 3991' (GR)		12. County Lea

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> OTHER <input type="checkbox"/>		SUBSEQUENT REPORT OF: REMEDIAL WORK <input checked="" type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> PLUG AND ABANDONMENT <input type="checkbox"/> CASING TEST AND CEMENT JOBS <input type="checkbox"/> OTHER <input type="checkbox"/>
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. Full tubing and GL valves.
2. Treat Abo perfs. 8487'-8623' w/1 bbl. TI-9203 in 10 bbls. treated water. Flushed w/120 bbls. treated water.
3. Acidize perforations w/6000 gals 28% NE acid in 3 equal stages w/20 ball sealers between stages.
4. Run GL 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 <u></u>	TITLE <u>Asst. Dist. Supt.</u>	DATE <u>12-22-75</u>
APPROVED BY _____	TITLE _____	DATE _____

CONDITIONS OF APPROVAL, IF ANY: _____

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DEC 22 1975

WILSON CONSERVATION CO-OP.
BOSTON, MASS.