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LAND OFFICE		
OPERATOR		

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 <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	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. 12
4. Location of Well UNIT LETTER D 990 FEET FROM THE North LINE AND 660 FEET FROM THE West LINE, SECTION 12 TOWNSHIP 18-S RANGE 34-E NMPM.	10. Field and Pool, or Wildcat Vacuum Abo Reef
15. Elevation (Show whether DF, RT, GR, etc.) 3998' DF	12. County Lea

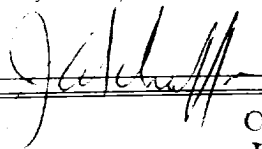
16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>
PLUG AND ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
CHANGE PLANS <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
OTHER Perforate & acidize <input checked="" 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. Pull rods and pump.
2. Perforate 2-7/8" casing w/ 2 JSPI @ 8248, 59, 77, 85, 91, 99, 8351, 70, 89, 8405, 27, 47, 53, 8492, 98, 8503, 19, 27, & 8436.
3. Acidize perforations w/ 4500 gals. 20% NEA in 3 equal stages. Flush each stage w/ 50 Bbls. treated water.
4. Swab, run 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. Dist. Supt.	DATE 3-11-74
APPROVED BY Joe D. Kary	TITLE	DATE
CONDITIONS OF APPROVAL, IF ANY: Dist. 1, Supv.		