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NEW MEXICO OIL CONSERVATION COMMISSION C. C.  
 JUL 15 3 22 PM '68

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-1733	

### 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 None
2. Name of Operator TEXACO Inc.	8. Farm or Lease Name New Mexico "L" State
3. Address of Operator P. O. Box 728, Hobbs, New Mexico 88240	9. Well No. 6
4. Location of Well UNIT LETTER B, 770 FEET FROM THE North LINE AND 2090 FEET FROM THE East LINE, SECTION 1 TOWNSHIP 18-S RANGE 34-E NMPM.	10. Field and Pool, or Wildcat Vacuum Wolfcamp
15. Elevation (Show whether DF, RT, GR, etc.) 4005' (D.F.)	12. County Lea

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"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <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.

The following work has been completed on subject well:

1. Pulled Hydraulic Pump and tubing.
2. Acidize perforations 9939' - 9964' w/6000 gals 28% NE Acid w/14 Ball sealers.
3. Overflush with 4000 gals water.
4. Swab, Return to pump, 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 Assistant District Superintendent DATE July 15, 1968  
 APPROVED BY [Signature] TITLE [Signature] DATE \_\_\_\_\_  
 CONDITIONS OF APPROVAL, IF ANY: