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HOBBS OFFICE O.C.C.
NEW MEXICO OIL CONSERVATION COMMISSION

JUN 24 3 01 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-1080-1	

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		8. Farm or Lease Name
TEXACO Inc.		New Mexico "M" State
3. Address of Operator		9. Well No.
P. O. Box 728, Hobbs, New Mexico 88240		5
4. Location of Well		10. Field and Pool, or Wildcat
UNIT LETTER <u>D</u> , <u>760</u> FEET FROM THE <u>West</u> LINE AND <u>560</u> FEET FROM		Vacuum Wolfcamp
THE <u>North</u> LINE, SECTION <u>1</u> TOWNSHIP <u>18-S</u> RANGE <u>34-E</u> N.M.P.M.		
15. Elevation (Show whether DF, RT, GR, etc.)		12. County
4010' (D.F.)		Lea

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐
OTHER ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐
OTHER ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☒
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOBS ☐
OTHER ☐

ALTERING CASING ☐
PLUG AND ABANDONMENT ☐
OTHER ☐

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. Pulled Kobe tubing and pump.
2. Set tubing @ 10,191' and prepare to acidize.
3. Acidize perforations 9938'-9960' w/6000gals. 15% NE acid.
4. Swab, 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 June 24, 1968
APPROVED BY [Signature] TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: