STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

5a. Indicate Type of Lease: State [X] Fee [ ]

5. State Oil & Gas Lease No.: B-1733 - 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 [X] GAS WELL [ ] OTHER-

7. Unit Agreement Name: -

2. Name of Operator: Texaco Inc.

8. Farm or Lease Name: New Mexico "L" State

3. Address of Operator: P.O. Box 728, Hobbs, NM 88240

9. Well No.: 7

4. Location of Well: UNIT LETTER A, 760 FEET FROM THE North LINE AND 560 FEET FROM THE East LINE, SECTION 1 TOWNSHIP 18-S RANGE 34-E NMPM.

10. Field and Pool, or Wildcat: Vacuum Glorieta

15. Elevation (Show whether DF, RT, GR, etc.): 3991' (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 [ ]	PLUG AND ABANDON [ ]	REMEDIAL WORK [ ]	ALTERING CASING [ ]
TEMPORARILY ABANDON [ ]		COMMENCE DRILLING OPNS. [ ]	PLUG AND ABANDONMENT [ ]
PULL OR ALTER CASING [ ]	CHANGE PLANS [ ]	CASING TEST AND CEMENT JOB [ ]	
OTHER [ ]		OTHER Addl. Glorieta perfs.	[X]

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. Rigged up. Pull rods, pump and tubing.
2. Set pkr. @ 5900'. Spot 500 gals. (50/50) 15% Acid & 50% Xylene on perfs. 5978'-6024'. Kill well. Pull pkr.
3. Perforate 2-7/8" csg w/2 JSPF @ 6030,32,45,48,50,52,65,70,72,82,88,90,96,98,6100,02,10, 12,14,16,31,33 & 6134'.
4. Set pkr @ 5761'. Acidize perfs 5978'-6134' w/9900 gals. 20% SG Acid using 600# (50/50) Rock Salt & Benzoic Acid Flakes. Flushed w/38 bbls. KCl water.
5. Install pumping equipment. Test well & 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 Asst. Dist. Mgr. DATE 5-15-81

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: