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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 ☒ Fee ☐

5. State Oil & Gas Lease No.

B-1031

SUNDRY NOTICES AND REPORTS ON WELLS

DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO RE-DRILL OR PLUG BACK TO A DIFFERENT RESERVOIR.
USE APPLICATION FOR PERMIT TO DRILL (FORM C-101) FOR SUCH PROPOSALS.

1. ☒ OIL WELL ☐ GAS WELL ☐ OTHER	7. Unit Agreement Name
2. Name of Operator TEXACO, Inc.	8. Form of Lease Name New Mexico "AB" State
3. Address of Operator P. O. Box 728, Hobbs, New Mexico 88240	9. Well No. 7
4. Location of Well UNIT LETTER "O" 990 FEET FROM THE South LINE AND 2310 FEET FROM THE East LINE, SECTION 6 TOWNSHIP 18-S RANGE 35-E N.M.P.M.	10. Field and Pool, or Wildcat Vacuum Grayburg San Andres
11. Elevation (Show whether DF, RT, GR, etc.) 3980' (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 ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐	OTHER ☐	CASING TEST AND CEMENT JOBS ☐	
		OTHER Perforate Addl. Pay ☒	

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 Pumping Equipment. Install BOP
2. Perforate 3 $\frac{1}{2}$ " OD Casing w/2-JSPF @ 4546', 4556', 4562', 4569', 4586', 4592', 4598', 4607', 4620', 4622'.
3. Acidize Casing perforations 4546'-4622' w/1500 gals 15% NE Acid in 3 equal stages w/400# Rock Salt between stages.
4. Frac perforations w/15,000 gals. Cross-Linked Polymer Gel. w/1# 20/40 Sand per gal. in 2 equal stages using 300# rock salt between stages.
5. Swab.
6. Run Production equipment. Test. 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. H. Smith* TITLE Asst. Dist Supt. DATE 5-24-76

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: