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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 [X]   Fee [ ]

5. State Oil & Gas Lease No.
NM 336

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.)

7. Unit Agreement Name

1.
OIL WELL [X]   GAS WELL [ ]   OTHER-

2. Name of Operator
TEXAS PACIFIC OIL COMPANY, INC.

3. Address of Operator
P. O. Box 1069 - Hobbs, New Mexico 88240

4. Location of Well
UNIT LETTER **O**, **330** FEET FROM THE **South** LINE AND **2130** FEET FROM

THE **East** LINE, SECTION **8** TOWNSHIP **18-S** RANGE **35-E** NMPM.

8. Farm or Lease Name
State "AF"

9. Well No.
2

10. Field and Pool, or Wildcat
Vacuum Abo Reef

15. Elevation *(Show whether DF, RT, GR, etc.)*
3956' 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 [X]   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 _____ [ ]

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. Move in, rig up. Pull tubing rods and pump.

2. Spot 1000 gal. 15% acid on bottom.

3. Perf. Wolfcamp 10,134-146-148-151-153-155 (6 holes)

4. Isolate Abo Reef perfs 9053-9080' w/straddle packers.

5. Acidize perfs w/2000 gal. 20% CRA-35 acid. Overflush w/1000 gal. water.

6. Swab back acid water and test.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

Original Signed by
Sheldon War

SIGNED _____   TITLE **Area Supt.**   DATE **7-30-70**

APPROVED BY _____   TITLE _____   DATE _____

CONDITIONS OF APPROVAL, IF ANY: