

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

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DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease
State ☒ Fee ☐
5. State Oil & Gas Lease No.
B-1306

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 ☒ GAS WELL ☐ OTHER- 2. Name of Operator Texaco, Inc. 3. Address of Operator P. O. Box 728, Hobbs, New Mexico 88240 4. Location of Well UNIT LETTER B, 330 FEET FROM THE North LINE AND 2100 FEET FROM THE East LINE, SECTION 6 TOWNSHIP 18-S RANGE 35-E NMPM. 15. Elevation (Show whether DF, RT, GR, etc.) 3964' (GR)	7. Unit Agreement Name 8. Farm or Lease Name N. M. 'R' St. NCT-1 9. Well No. 10 10. Field and Pool, or Wildcat Vacuum Glorieta 12. County Lea
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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 JOB ☐	OTHER Repair Water Flow & Treat ☒

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. Install BOP. Pull thq.
2. Set RBP @ 4016'. Cement 10 3/4" x 2 7/8" Csg Annulus w/775 sx. Class 'c' Thix-set cement containing 2% CaCl. WOC. Temperature show indicates cement from 1750'-surface. WOC. Pull RBP.
3. Acidize perms. 5984'-6125' w/6000 gal. 20% NEFE Acid in 6 stages using a total of 1500# rock salt & 750# Benzoic Acid Flakes between stages.
4. Install 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 [Signature] TITLE Asst. Dist. Supt. DATE 12/12/00
APPROVED BY [Signature] TITLE Dist. Supt. DATE 12/12/00
CONDITIONS OF APPROVAL, IF ANY: