

OIL CONSERVATION DIVISION

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

Form C-103  
Revised 10-1-73

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

5a. Indicate Type of Lease	
State <input checked="" type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.	
B-1258-1	

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. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER-	7. Unit Agreement Name
2. Name of Operator TEXACO Inc.	8. Farm or Lease Name New Mexico 'AE' State
3. Address of Operator P. O. Box 728, Hobbs, New Mexico 88240	9. Well No. 24
4. Location of Well UNIT LETTER <u>H</u> <u>1850</u> FEET FROM THE <u>North</u> LINE AND <u>550</u> FEET FROM THE <u>East</u> LINE, SECTION <u>11</u> TOWNSHIP <u>18-S</u> RANGE <u>34-E</u> N.M.P.M.	10. Field and Pool, or Whicat Vacuum Abo Reef
15. Elevation (Show whether DF, RT, GR, etc.) 3996' (GR)	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 <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	

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.
2. FISHED AND RECOVERED SUBMERSIBLE PUMP.
3. ACIDIZE PERFS 8344'-8644' W/1500 GALS 15% NE ACID IN 3-STAGES.  
FLUSH W/48 BBLs FRESH WATER.
4. INSTALL PUMPING EQUIPMENT. TEST AND PLACE ON 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 8-23-84

APPROVED BY [Signature] TITLE  DATE AUG 28 1984

CONDITIONS OF APPROVAL, IF ANY: