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U.S.G.S.		
LAND OFFICE		
OPERATOR		

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-133
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease	
State <input checked="" type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.	
13788	
7. Unit Agreement Name	
West Lovington Unit	
8. Farm or Lease Name	
West Lovington Unit	
9. Well No.	
24	
10. Field and Pool, or Wildcat	
Lovington San Andres West	
12. County	
Lea	

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>
2. Name of Operator
TEXACO Inc.
3. Address of Operator
P. O. Box 728 - Hobbs, New Mexico 88240
4. Location of Well
UNIT LETTER J 1980 FEET FROM THE South LINE AND 1980 FEET FROM THE East LINE, SECTION 4 TOWNSHIP 17-S RANGE 36-E NMPM.
15. Elevation (Show whether DF, RT, GR, etc.)
3892' (GR)

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐
OTHER ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐

REMEDIAL WORK ☒
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOB ☐
OTHER ☐

ALTERING CASING ☐
PLUG AND ABANDONMENT ☐

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 injection tubing. Install BOP. Sand filled to 4790'.
2. Set packer @ 4515' w/tail pipe @ 4775'.
3. Spot 200 gals. 15% FE acid over open hole section 4655-4775'.
4. Set packer @ 4475' w/tail pipe @ 4655'.
5. Acidize open hole section 4655'-4790' w/2000 gals. 15% NE acid in 2 equal stages using 200# Rock Salt mixed in gelled brine between stages.
6. Flush w/32 bbls. brine water.
7. Test well. Tested 450 BHPD @ 1750#.
8. Return to Injection.

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

SIGNED C. J. [Signature] TITLE Asst. District Supt. DATE 3-30-76

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: