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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 ☒ Free ☐
5. State Oil & Gas Lease No.
B-4119

SUNDY NOTICES AND REPORTS ON WELLS
DO NOT USE THIS FORM FOR THE PURPOSES OF A WELL OR WELLBORE OR PLUG BACK TO A DIFFERENT RESERVOIR.
USE APPROPRIATE FORM FOR EACH OF THE FOLLOWING PURPOSES FOR WELL OPERATIONS.

1. ☐ OIL WELL ☐ GAS WELL ☐ OTHER- Water Injection Well	7. Unit Agreement Name West Lovington Unit
2. Name of Operator TEXACO Inc.	8. Form of Lease Name West Lovington Unit
3. Address of Operator P. O. Box 728, Hobbs, New Mexico 88240	9. Well No. 22
4. Location of Well UNIT LETTER L 660 FEET FROM THE West LINE AND 660 FEET FROM THE South LINE, SECTION 4 TOWNSHIP 17-S RANGE 36-E N.M.P.M.	10. Field and Pool, or Wildcat Lovington San Andres West
11. Elevation (Show whether DF, RT, GR, etc.) 3896' (GR)	12. County Lea

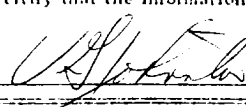
Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

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 Reperforate San Andres ☒	CASING TEST AND CEMENT JOBS ☐	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 1703.

1. Rig Up. Install BOP. Pull injection tubing & packer.
2. Set cement retainer @ 4970'.
3. Pump 10,000 gal. Injectrol 'G' down 2 3/8" tbi.
4. Squeeze open hole 4703'-4970' w/75 sx. Class 'C' cement. WOC & test.
5. Perforate open hole w/1-JSPF @ 4722', 26', 4803', 10', 40', 68', 75', 4931', 4962'. Perforate 5 1/2" csz. w/2-JSPF @ 4676', 81', 88', & 4698'.
6. Set packer @ 4640'. Spot 300 gal. 15% NE Acid across perforations 4676'-4962'.
7. Acidize w/2000 gal. 15% NE Acid in 2 equal stages w/1000 gal. saturated brine containing 1000# graded salt between stages.
8. Swab.
9. Run injection tubing & packer. Test & return to injection.

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

SIGNED  TITLE **Asst. Dist. Supt.** DATE **9-21-76**

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

100-443887-100