

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

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

Form O-101
Revised 10-1-78

1a. Indicate Type of Lease	
State ☒	Fed ☐
1b. State Oil & Gas Lease No.	
B-4285	

SUNDRY NOTICES AND REPORTS ON WELLS

DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG WELLS TO A DIFFERENT RESERVOIR.
USE APPLICATION FOR PERMIT TO DRILL FORM O-102 FOR SUCH PROPOSALS.

1. Name of Operator		2. Unit Agreement Name	
TEXACO Inc.		West Lovington Unit	
3. Address of Operator		4. Farm or Lease Name	
P. O. Box 728, Hobbs, New Mexico 88240		West Lovington, Unit	
5. Location of Well		9. Well No.	
UNIT LETTER <u>H</u> <u>1980</u> FEET FROM THE <u>North</u> LINE AND <u>660</u> FEET FROM		10. Field and Pool, or Widest	
THE <u>East</u> LINE, SECTION <u>5</u> TOWNSHIP <u>17-S</u> RANGE <u>36-E</u> N1/4PM.		Lovington, San Andres	
15. Elevation (Show whether DF, RT, GR, etc.)		12. County	
3906' (GR)		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 ☐	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 1103.

1. Rigged up. Pull rods & pump. Install BOP. Pull tubing.
2. Clean out. Log well.
3. Set Pkr. @ 4865'. Acidize open-hole 4865'-5104' w/3000 gal. 15% NE-HCL in 3-stages using 200# rock salt & 100# paraformaldehyde Blocking Agent between stages.
4. Spot sand 5104' - 4855'. Set cement retainer @ 4475'. Test Csg & tbg. Squeezed w/400 sx. Class 'C' cement. WOC. DOC & Retainer. Clean out to 5104'.
5. Install prod. 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 J. A. Kluff TITLE Asst. Dist. Supt. DATE 3-5-80
APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: