

OIL CONSERVATION DIVISION

P. O. BOX 2688

SAN ANTONIO, NEW MEXICO 87101

Form C-103  
Revised 10-1-78

|                   |  |  |
|-------------------|--|--|
| DATE RECEIVED     |  |  |
| DATE NOTIFICATION |  |  |
| DATE FILED        |  |  |
| DATE OF DECISION  |  |  |
| DATE OF REVIEW    |  |  |

|                                                                                                        |
|--------------------------------------------------------------------------------------------------------|
| 6a. Indicate Type of Lease<br>State <input checked="" type="checkbox"/> Lease <input type="checkbox"/> |
| 6. State Oil & Gas Lease No.<br>T-4120                                                                 |
| 7. Unit Agreement Name<br>West Lovington Unit                                                          |
| 8. Form or Lease Name<br>West Lovington Unit                                                           |
| 9. Well No.<br>41                                                                                      |
| 10. Field and Pool, or Affluent<br>Lovington San Andres West                                           |
| 11. Location (Show whether DE, RT, GK, etc.)<br>3015 (DE)                                              |
| 12. County<br>Dea                                                                                      |

SUBJECT TO SERVICES AND FOR IS ON WELLS

DO NOT USE THIS FORM FOR WELLS WHICH ARE PRODUCING FROM A DIFFERENT RESERVOIR THAN THAT FOR WHICH THE WELL WAS DRILLED (SEE RULE 1103.1)

|                                                                                                                           |
|---------------------------------------------------------------------------------------------------------------------------|
| 1. Well Type<br>Oil <input type="checkbox"/> Gas <input type="checkbox"/> Other: Water Injection Well                     |
| 2. Well Operator<br>PEXACO Inc.                                                                                           |
| 3. Address of Operator<br>P. O. Box 702, Hobbs, New Mexico 88240                                                          |
| 4. Location of Well<br>UNIT LETTER B 550 FEET FROM NE North LINE AND 1980 FEET FROM THE East LINE, SECTION 1-3 RANGE 36-4 |

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

|                                                    |                                           |                                                      |                                               |
|----------------------------------------------------|-------------------------------------------|------------------------------------------------------|-----------------------------------------------|
| APPROPRIATE 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"/>       | CHANGED PLANS <input type="checkbox"/>    | COMMENCE DRILLING OPER. <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. Install 5" drill pipe to 1000 ft.
2. Clean out to 1000 ft. (3:55 PM)
3. Set Wkr. # 4330. Acidize open-hole 4215 - 5155 ft. 15% NE Acid in 2-stages using 600# rock salt between stages.
4. Install injection equipment. 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 <u>J. L. Sexton</u>      | TITLE <u>Asst. Dist. Supt.</u> | DATE <u>10-17-79</u>    |
| APPROVED BY <u>Jerry Sexton</u> | TITLE <u>Dist. 1, Supt.</u>    | DATE <u>OCT 19 1979</u> |

CONDITIONS OF APPROVAL, IF ANY