

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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

Form C-103  
Revised 10-1-78

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DISTRIBUTION	
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>B-4704</b>

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 type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- <b>Water Injection</b>	7. Unit Agreement Name <b>West Lovington Unit</b>
2. Name of Operator <b>Texaco Inc.</b>	8. Farm or Lease Name <b>West Lovington Unit</b>
3. Address of Operator <b>P.O. Box 728, Hobbs, New Mexico 88240</b>	9. Well No. <b>45</b>
4. Location of Well UNIT LETTER <b>B</b> <b>660</b> FEET FROM THE <b>North</b> LINE AND <b>1980</b> FEET FROM THE <b>East</b> LINE, SECTION <b>8</b> TOWNSHIP <b>17-S</b> RANGE <b>36-E</b> N.M.P.M.	10. Field and Pool, or Wildcat <b>Lovington San Andres West</b>
11. Elevation (Show whether DF, RT, GR, etc.) <b>3896' (GR)</b>	12. County <b>Lea</b>

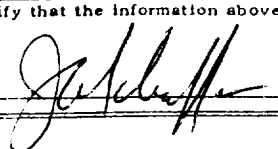
Check Appropriate Box To Indicate Nature of Notice, Report or Other Data  
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

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 JOB <input type="checkbox"/>	OTHER <b>Injection Profile Survey</b> <input checked="" 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. Pump 250 gals. Xylene & 250 Gals. 15% NE Acid down tubing & flush w/1000 gals. 2% KCL Water.
3. Flow back.
4. Pump 750 Gals. Xylene & 2000 gals. Oxygen Scale preflush followed by 1400 gals. K-trol Monimer. Follow w/1200 gals. Oxygen Scavenger flushed w/20 bbls. 6% KCL Water.
5. Shut-In 7 days before injection. Monitor injection f/20 days.
6. Run injection profile survey.
7. 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 Assistant Dist. Mgr. DATE 4-22-82  
ORIGINAL SIGNED BY JERRY DATE APR 26 1982  
APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY: \_\_\_\_\_