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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 [X]   Fee [ ]

5. State Oil & Gas Lease No.
B-4120

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 [X]   GAS WELL [ ]   OTHER-

2. Name of Operator
TEXACO Inc.

3. Address of Operator
P.O. Box 728 - Hobbs, New Mexico   88240

4. Location of Well

UNIT LETTER _____P_____, ____660____ FEET FROM THE ____North____ LINE AND ____1980____ FEET FROM

THE ____West____ LINE, SECTION ____8____ TOWNSHIP ____17S____ RANGE ____36E____ NMPM.

7. Unit Agreement Name
West Lovington Unit

8. Farm or Lease Name
West Lovington Unit

9. Well No.
44

10. Field and Pool, or Wildcat
Lovington San Andres West

15. Elevation *(Show whether DF, RT, GR, etc.)*
3911' DF

12. County
Lea

16.
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 [X]   ALTERING CASING [ ]

TEMPORARILY ABANDON [ ]   COMMENCE DRILLING OPNS. [ ]   PLUG AND ABANDONMENT [ ]

PULL OR ALTER CASING [ ]   CHANGE PLANS [ ]   CASING TEST AND CEMENT JOB [ ]

OTHER _____ [ ]   OTHER _____

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.

The following work on subject well has been completed:

1. Frac open hole 4730-5162' w/12,000 gals gel lease crude w/1/2#/gal 20-40 sand and 1/40#/gal Mark II Adomite in 1 - 2000 gallon stage, 1-3000 gallon stage and 1-7000 gallon stage.

2. Ran temperature survey following each stage.

3. Pump 250 - 400 gals 15% acid ahead of each stage and 150 gals following each 1500 gals of frac.

4. Swab, test and place on production.

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

SIGNED _____

TITLE **Assistant District Superintendent**

DATE **September 29, 1971**

APPROVED BY ___ Orig. Signed by ___ Jack D. Ramey ___ Dist. I Supv.

TITLE _____

DATE **OCT 1 1971**

CONDITIONS OF APPROVAL, IF ANY: