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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-7016

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 [ ] GAS WELL [ ] OTHER- Water Injection

7. Unit Agreement Name: West Lovington Unit

2. Name of Operator: TEXACO Inc.

8. Farm or Lease Name: West Lovington Unit

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

9. Well No.: 47

4. Location of Well: UNIT LETTER D, 660 FEET FROM THE North LINE AND 660 FEET FROM THE West LINE, SECTION 9 TOWNSHIP 17-S RANGE 36-E NMPM.

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

15. Elevation (Show whether DF, RT, GR, etc.): 3876' (GR)

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	[ ]	ALTERING CASING	[ ]
TEMPORARILY ABANDON	[ ]			COMMENCE DRILLING OPNS.	[ ]	PLUG AND ABANDONMENT	[ ]
PULL OR ALTER CASING	[ ]	CHANGE PLANS	[ ]	CASING TEST AND CEMENT JOB	[ ]		
OTHER Squeeze & Addl perforations	[X]			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. Rig Up. Install BOP. Pull injection tubing & packer.
2. Set Cement retainer @ approx 4976'.
3. Pump 10,000 gal Injectrol 'G' down work string. Squeeze 5-1/2" Csg perforations 5000'-5085' w/75 sx. Class 'C' Cement. WOC.
4. Perforate 5-1/2" OD Casing w/2-JSPF @ 4724', 4794', 4799', 4835', 4868', 4873'.
5. Set packer @ 4680'. Spot 200 gal 15% FE Acid across olf & new perforations 4724' - 4950'.
6. Acidize perforated interval 4724'-4950' w/3000 gal 15% FE Acid in 3-equal stages using 400# rock salt after each stage. Flush w/water.
7. Install injection tubing & packer, test and return to injection.

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

SIGNED [signature] TITLE Asst. Dist. Supt. DATE 10-12-76

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: