

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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U.S.G.S.	
LAND OFFICE	
OPERATOR	

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

Form C-103
Revised 10-1-78

5a. Indicate Type of Lease
State ☒ Fee ☐

5. State Oil & Gas Lease No.
B-155-1

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 checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER-	7. Unit Agreement Name -
2. Name of Operator TEXACO Inc.	8. Farm or Lease Name N.M. '0' St. NCT-1
3. Address of Operator P. O. Box 728, Hobbs, New Mexico 88240	9. Well No. 17
4. Location of Well UNIT LETTER N , 760 FEET FROM THE South LINE AND 2080 FEET FROM THE West LINE, SECTION 36 TOWNSHIP 17-S RANGE 34-E NMPM.	10. Field and Pool, or Wildcat Vacuum (Wolfcamp)
15. Elevation (Show whether DF, RT, GR, etc.) 4008' (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 <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 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. Rig up. Install BOP. Pull tubing and gas lift equipment. Pull tubing.
2. Clean out.
3. Acidize 3½" csg. perfs 9969'-10,029' w/3000 gals 28% NEFE Acid in 3-equal stages using a total of 500# rock salt between stages.
4. Install pumping equipment. 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 *J. Sexton* TITLE Asst. Dist. Mgr. DATE 3-15-84
ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT 1 SUPERVISOR
APPROVED BY _____ TITLE _____ DATE MAR 19 1984
CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

MAR 16 1984

O.C.D.
HOBBS OFFICE