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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 <input checked="" type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.	
State - B-1056-1	

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. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name None
2. Name of Operator TEXACO Inc.	8. Farm or Lease Name New Mexico 'Q' State
3. Address of Operator P.O. Box 728 - Hobbs, New Mexico	9. Well No. 5
4. Location of Well UNIT LETTER <u>0</u> <u>460</u> FEET FROM THE <u>South</u> LINE AND <u>2080</u> FEET FROM THE <u>East</u> LINE, SECTION <u>25</u> TOWNSHIP <u>17-S</u> RANGE <u>34-E</u> NMPM.	10. Field and Pool, or Wildcat Vacuum Glorieta
15. Elevation (Show whether DF, RT, GR, etc.) 4009' (DF)	12. County Lea

16.

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐

TEMPORARILY ABANDON ☐

PULL OR ALTER CASING ☐

OTHER ☐

PLUG AND ABANDON ☐

CHANGE PLANS ☐

OTHER ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☒

COMMENCE DRILLING OPNS. ☐

CASING TEST AND CEMENT JOB ☐

OTHER ☐

ALTERING CASING ☐

PLUG AND ABANDONMENT ☐

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 has been completed on subject well:

1. Pulled rods and pump from Glorieta zone.
2. Ran RTTS tool and set at 6104'.
3. Swab casing perfs from 6033'-6054'.
4. Acidize perfs 6033-6054' with 1000 gallons retarded acid.
5. Ran rods and pump, recovered load and test.
6. On 24 hour test ending 9:30 AM January 16, 1968, well pumped 4 barrels oil + 21 barrels water, GOR 320, Gravity 38.4.

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. Superintendent DATE January 17, 1968

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: