

NO. OF COPIES WELLS
DISTRIBUTION
LAND OFFICE
FILE
W.S.G.S.
LAND OFFICE
OPERATOR

HOBBS OFFICE O. & G.
NEW MEXICO OIL CONSERVATION COMMISSION
JUN 22 3 00 PM '67

Form O-103
Supersedes O-1
O-1 and O-1a
Effective 1-1-67

5a. Lease Type of Lease
5. State Oil & Gas, and M.
State - 1-1-67-1

SONDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG A WELL TO A DIFFERENT RESERVOIR.
SEE APPLICATION FOR PERMIT - 1 (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL ☒ WELL ☒ GAS WELL ☐ OTHER ☐	7. Unit Agreement Name
2. Name of Operator	8. Form of Lease Name
TEXACO Inc.	N. M. 4002-1
3. Address of Operator	9. Well No.
P. O. Box 728 - Hobbs, New Mexico	1
4. Location of Well	10. Field and Pool, or Willard
UNIT LETTER <u>P</u> <u>500</u> FEET FROM THE <u>South</u> LINE AND <u>760</u> FEET FROM	Yacoma Rio March
THE <u>Base</u> LINE, SECTION <u>25</u> TOWNSHIP <u>17-S</u> RANGE <u>34-E</u> NMPM.	
15. Elevation (Show whether DF, RT, GR, etc.)	12. County
4002' (D. F.)	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 ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐	OTHER ☐	CASING TEST AND CEMENT JOB ☐	

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.

We propose to do the following work on subject well:

1. Pull the pump equipment.
2. Perforate the 2 7/8" O. D. Casing with 1 jet shot at 8420', 8424', 8430', 8439', 8454', 8456', and 8460'.
3. Set bridge plug at 8500'.
4. Acidize with 3000 gallons 15% NE acid in two stages with ball sealers between stages.
5. Swab well, recover load, Test, and place well on production. (If well does not flow top allowable, pull bridge plug).

W. E. Morgan

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

SIGNED W. E. Morgan TITLE Assistant District Supt. DATE June 20, 1967

W. E. Morgan

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: