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LAND OFFICE		
OPERATOR		

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
 Supersees 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. B-155-1	
7. Unit Agreement Name	
8. Farm or Lease Name New Mexico '0' State NCT-1	
9. Well No. 15	
10. Field and Pool, or Wildcat Vacuum 3lorieta	
12. County Lea	

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-

2. Name of Operator
TEXACO Inc.

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

4. Location of Well
 UNIT LETTER **I**, **1800** FEET FROM THE **South** LINE AND **560** FEET FROM
 THE **East** LINE, SECTION **36** TOWNSHIP **17-S** RANGE **34-E** NMPM.

15. Elevation (Show whether DF, RT, GR, etc.)
3995' (DF)

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

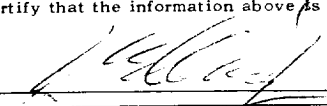
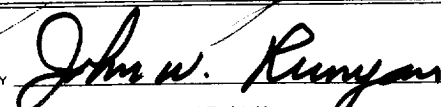
NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	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"/>	
		OTHER <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.

The following work has been completed on subject well:

1. Pull rods and pump.
2. Acidize perforations 5998' to 6031' w/3000 gals 15% super inhibited acid in 2 - 1500 gal stages w/35# unibeads between stages.
3. Swab, run pump and rods, test and return to 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 March 16, 1970
APPROVED BY 	TITLE	DATE
CONDITIONS OF APPROVAL, IF ANY:		