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NEW MEXICO OIL CONSERVATION COMMISSION

JUL 15 3 22 PM '68

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-1722-7.

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 [X]   GAS WELL [ ]   OTHER-

7. Unit Agreement Name
None

2. Name of Operator
TEXACO Inc.

8. Farm or Lease Name
New Mexico "N" State

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

9. Well No.
6

4. Location of Well

UNIT LETTER __L__ . __460__ FEET FROM THE __West__ LINE AND __1980__ FEET FROM

THE __South__ LINE, SECTION __30__ TOWNSHIP __17-S__ RANGE __35-E__ N MPM.

10. Field and Pool, or Wildcat
Vacuum Wolfcamp

15. Elevation *(Show whether DF, RT, GR, etc.)*
4003' (D. F.)

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 [X]	ALTERING CASING [ ]
TEMPORARILY ABANDON [ ]		COMMENCE DRILLING OPNS. [ ]	PLUG AND ABANDONMENT [ ]
PULL OR ALTER CASING [ ]	CHANGE PLANS [ ]	CASING TEST AND CEMENT JOB [ ]	
OTHER _____ [ ]		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 Hydraulic pump and tubing.
2. Acidize perforations 9612' – 9833' w/ 6000 gals 15% NE acid in 2 – 3000 gal stages w/ 4 Ball sealers between stages.
3. Flushed with 3000 gals fresh water.
4. Cut paraffin.
5. Swab, Return to pump, 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 July 15, 1968

APPROVED BY _____   TITLE _____   DATE _____

CONDITIONS OF APPROVAL, IF ANY: