

NEW MEXICO OIL CONSERVATION COMMISSION

5a. Indicate Type of Lease	
State <input checked="" type="checkbox"/>	Fee <input type="checkbox"/>
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. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator	8. Farm or Lease Name
TEXACO INC.	New Mexico 'O' State
3. Address of Operator	9. Well No.
P.O. Box 728, Hobbs, New Mexico 88240	16
4. Location of Well	10. Field and Pool, or Wildcat
UNIT LETTER H, 990 FEET FROM THE East LINE AND 1980 FEET FROM	Vacuum Glorieta
THE North LINE, SECTION 36 TOWNSHIP 17-S RANGE 34-E N.M.P.M.	
15. Elevation (Show whether DF, RT, GR, etc.)	12. County
4002' (DF)	Lea

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

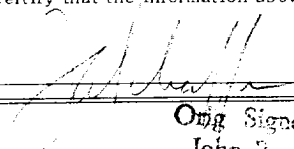
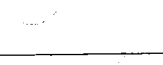
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <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 Glorieta perforations 6167' - 6180' w/3000 gals. 15% NE acid and flush w/50 bbls. fresh water.
3. Swab acid residue.
4. Run rods and 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 Supt.	DATE 10-6-75
APPROVED BY 	TITLE	DATE
CONDITIONS OF APPROVAL, IF ANY:		