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LAND OFFICE	
OPERATOR	

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. B-1055-1

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. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER -	7. Unit Agreement Name
2. Name of Operator TEXACO Inc.	8. Farm or Lease Name N. M. 'Q' State
3. Address of Operator P. O. Box 728, Hobbs, New Mexico 88240	9. Well No. 6
4. Location of Well UNIT LETTER <u>P</u> <u>450</u> FEET FROM THE <u>South</u> LINE AND <u>989</u> FEET FROM THE <u>East</u> LINE, SECTION <u>25</u> TOWNSHIP <u>17-S</u> RANGE <u>34-E</u> N.M.P.M.	10. Field and Pool, or Wildcat Vacuum Glorieta
11. Elevation (Show whether DF, RT, GR, etc.) 4001' DF	12. County Lea

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input checked="" type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input 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"/>	

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.

1. Pull pumping equipment.
2. Perforate 2-7/8 Casing w/ 1JSPF from 5103-10 & 5008-14'.
3. Acidize new perforations w/ 4000 gals. 15% NEA.
4. Swab, Test & return well to production.

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. Supt. DATE 8-28-72

APPROVED BY [Signature] TITLE Asst. Dist. Supt. DATE AUG 29 1972

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

AUG 20 1972

U.S. CONSERVATION COMM.
HOBBS, N. M.

