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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-1056-1
7. Unit Agreement Name
8. Firm or Lease Name TEXACO-Shell State Com
9. Well No. 1
10. Field and Pool, or Wildcat Vacuum upper Penn
11. 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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>
2. Name of Operator TEXACO Inc.
3. Address of Operator P. O. Box 728 - Hobbs, New Mexico 88240
4. Location of Well UNIT LETTER J 1833 FEET FROM THE South LINE AND 1845 FEET FROM THE East LINE, SECTION 25 TOWNSHIP 17-S RANGE 34-E NMPM.
15. Elevation (Show whether DF, RT, GR, etc.) 4009' (D.F)

16.

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

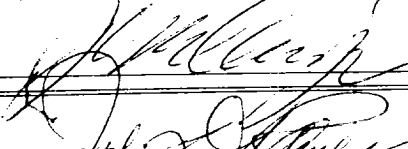
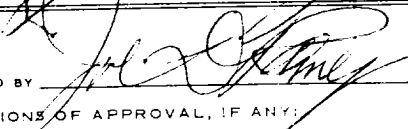
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <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. Rig up unit
2. Orientate perforating gun in penn string and perforate 2 7/8" O.D. casing w/2 JSPI @ 10036', 10040', 10050', 10051', 10066' and 10068'.
3. Acidize perforations w/1500 gal 28% DS-40 Acid in 2 equal stages w/150# unibeads between stages. Followed each stage w/36 bbls. treated water.
4. Swab, 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 December 10, 1969
APPROVED BY 	TITLE _____	DATE 12-10-69
CONDITIONS OF APPROVAL, IF ANY:		