

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

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DISTRIBUTION	
SANTA FE	
FILE	
REG. S.	
LAND OFFICE	
OPERATOR	

1a. Indicate Type of Lease State ☒ For ☐
5. State Oil & Gas Lease No. B-1056
6. Unit Agreement Name -
7. Form or Lease Name New Mexico 'Q' State
8. Well No. 8
10. Field and Pool, or Wildcat Vacuum Glorieta
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.
SEE APPLICATION FOR PERMIT TO DRILL FORM C-101 FOR SUCH PROPOSALS.)

OIL WELL ☒	GAS WELL ☐	OTHER ☐
1. Name of Operator TEXACO Inc.		
2. Address of Operator P. O. Box 728, Hobbs, New Mexico 88240		
3. Location of Well UNIT LETTER J 1800 FEET FROM THE South LINE AND 2100 FEET FROM THE East LINE, SECTION 25 TOWNSHIP 17-S RANGE 34-E NEPM.		

15. Elevation (Show whether LF, RT, CR, etc.)

3998 (GR)

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 ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐	OTHER ☒ Repair Water Flow & Treat	CASING TEST AND CEMENT JOBS ☐	

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. Rig up. Pull rods & pump. Install BOP. Pull tubing.
2. Set RBP in both 2 7/8" Csg strings @ approx. 5000'. Load 2 7/8" w/water. Log well.
3. Cement 8 5/8"-2 7/8" Csg Annulus w/600 Sx. Class 'C' cement. WOC & test.
4. Reset RBP in Glorieta @ 6060'. Set pkr. @ 5950'. Acidize Glorieta perms. 6018-6050' w/6000 gal. 20% NE-FE Acid in 3-equal stages using 6 Ball Sealers between stages. Flush w/2% KCL Water.
5. Run production equipment. Test & return 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 5-2-80

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: