

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-77

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease	
State <input checked="" type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.	
E-7585	

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.)

OIL WELL <input checked="" type="checkbox"/>	GAS WELL <input type="checkbox"/>	OTHER-
Name of Operator		
TEXACO Inc.		
Address of Operator		
P. O. Box 728, Hobbs, New Mexico 88240		
Location of Well		
UNIT LETTER <u>H</u> <u>400</u> FEET FROM THE <u>East</u> <u>2310</u> FEET FROM		
THE <u>North</u> <u>30</u> LINE, SECTION <u>17-S</u> TOWNSHIP <u>35-E</u> RANGE <u>35-E</u> NMPM.		
15. Elevation (Show whether DF, RT, GR, etc.)		
3985' (DF)		
12. County		
Lea		

6. 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 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"/>	
Addl Perfs in Gloriets			

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 AND PUMP. INSTALL BOP. PULL TUBING.
2. PERFORATE 2 7/8" CASING W/2-JSPF @ 6045, 74, 75, 83, 86, 6111, 12, & 6114'.
3. SET PKR @ 6000'. ACIDIZE PERFS 6045-6160' W/2000 GALS 15% NEFE ACID IN 2 STAGES USING 500# ROCK SALT BETWEEN STAGES. FLUSH W/30 BBLS WATER.
4. INSTALL PUMPING EQUIPMENT. TEST AND PLACE ON PRODUCTION.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED W.B. Cull TITLE District Oper. Manager DATE November 1, 198-

ORIGINAL SIGNED BY JERRY SEATON
DISTRICT 1 SUPERVISOR

APPROVED BY _____

TITLE _____

DATE NOV - 5 1984

CONDITIONS OF APPROVAL, IF ANY: