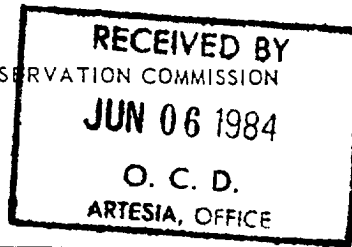


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NEW MEXICO OIL CONSERVATION COMMISSION



Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease
State ☐ Fee ☒
5. State Oil & Gas Lease No.

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 TXO Production Corp.	8. Farm or Lease Name Hooper "A"
3. Address of Operator 900 Wilco Bldg., Midland, TX 79701	9. Well No. 1
4. Location of Well UNIT LETTER <u>K</u> <u>1840</u> FEET FROM THE <u>South</u> LINE AND <u>1840</u> FEET FROM THE <u>West</u> LINE, SECTION <u>6</u> TOWNSHIP <u>19-S</u> RANGE <u>35-E</u> NMPM.	10. Field and Pool, or Wildcat Scharb Bone Springs
15. Elevation (Show whether DF, RT, GR, etc.) 2893 GL, 2918 KB	12. County Lea

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

PERFORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐
OTHER ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☒
CASING TEST AND CEMENT JOB ☒
OTHER ☐
ALTERING CASING ☐
PLUG AND ABANDONMENT ☐

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.

3/16/84 thru 3/20/84 WOCU. TOC 7250' 3/23/84 Set Packer & 2 7/8" @ 10,024. Test to 1000# OK. Perf 10,107-10,140. Acdz w/7000 gal retarded acid, 15% NEFE. 3/27/84 testing 3/30/84 Rls Pkr. 4/2/84 WO Pumping Unit. 4/19/84 Pumping. 4/27/84 Pkr @ 10,000 test csg to 1000#, OK. 4/28/84 Pmp 2000 gal 15% NEFE. Finaled 5/13/84.

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

SIGNED Jerry Sexton TITLE Engineer Assistant

DATE 6/1/84

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____

TITLE _____

DATE _____

JUL - 9 1984

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

JUN 11 1984

O.C.D.
HOBBS OFFICE