

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

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 type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER-		5a. Indicate Type of Lease State <input type="checkbox"/> Fee <input checked="" type="checkbox"/>
2. Name of Operator TXO Production Corp.		5. State Oil & Gas Lease No. 30-025-29945
3. Address of Operator 900 Wilco Bldg., Midland, TX 79701		7. Unit Agreement Name
4. Location of Well UNIT LETTER I 1780 FEET FROM THE South LINE AND 660 FEET FROM THE East LINE, SECTION 18 TOWNSHIP 19-S RANGE 35-E NMPM.		8. Farm or Lease Name Amoco "E" Fee
		9. Well No. 1
		10. Field and Pool, or Wildcat Scharb Bone Springs
15. Elevation (Show whether DF, RT, GR, etc.) 3906 GL & 3919 KB		12. County Lea

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

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOBS <input checked="" type="checkbox"/>	OTHER <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.

8-5-87 Frac w/36,000 gals MM2 B-40 cross link gel & 75,000# 12/20 sand w/frac seal. Flush w/3360 gals slicked 2% KCL.
8-6-87 Set pkr @ 4970'. Testing.

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

SIGNED Beth Cune

TITLE Secretary

DATE 8-20-87

ORIGINAL SIGNED BY JERRY SEXTON

APPROVED BY DISTRICT 1 SUPERVISOR

TITLE

DATE AUG 28 1987

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED
AUG 27 1987
OCD
HOBB'S OFFICE