

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	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease
State ☒ For ☐

5. State Oil & Gas Lease No.
E-6142

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 - 1" (FORM C-101) FOR SUCH PROPOSALS.)

OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		7. Unit Agreement Name <i>Little Eddy Unit</i>
Name of Operator TEXACO INC.		8. Farm or Lease Name New Mexico "CM" State
Address of Operator P.O. Box 728, Hobbs, New Mexico 88240		9. Well No. 1
Location of Well UNIT LETTER 0 660 FEET FROM THE South LINE AND 1980 FEET FROM THE East LINE, SECTION 31 TOWNSHIP 20-S RANGE 33-E NE 1/4 PM.		10. Field and Pool, or Wildcat South Salt Lake Marrow Gas
11. Elevation (Show whether DF, RT, GR, etc.) 3611' (GR)		12. County Lea

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 JOBS <input type="checkbox"/>	

13. 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. Rigged up.
2. Treat 5" csg. liner perfs. 13,288' - 13,602' w/8000 gals. Methyl Alcohol & 8000 gals. Halli Marrow Flow BC Acid using 1500 cu. ft. N₂/bbl. Follow w/6000 gals. Methyl Alcohol & 4500 gal. Marrow Flow BC Acid & 203,000 cu ft N₂.
3. Install production equipment. Test & return to ² production.

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

SIGNED *J. L. Chaffin* TITLE Asst. Dist. Supt. DATE 10-16-80

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

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