

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

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 <input type="checkbox"/>	Fee <input checked="" type="checkbox"/>
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 <input checked="" type="checkbox"/> GAS <input type="checkbox"/> OTHER-		7. Unit Agreement Name
2. Name of Operator TEXACO Inc.		8. Farm or Lease Name J. W. Cooper
3. Address of Operator P. O. Box 728, Hobbs, New Mexico 88240		9. Well No. 1
4. Location of Well UNIT LETTER B , 660 FEET FROM THE North LINE AND 1980 FEET FROM THE East LINE, SECTION 5 TOWNSHIP 20-S RANGE 37-E NMPM.		10. Field and Pool or Wildcat Eunice Monument Grayburg San Andres
15. Elevation (Show whether DF, RT, GR, etc.) 3559' GR		12. County Lea

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

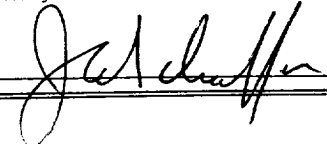
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input checked="" 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"/>	

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. Pull pumping equipment.
2. Set cement retainer @ 3734'.
3. Squeeze below retainer w/60 ex. Class 'C' cement.
4. Perforate w/ 1 JSPP from 3702-3727'.
5. Acidize w/3500 gals. 15% gelled retarded acid.
5. Swab, Test, & return to production.

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


 TITLE **Asst. Dist. Supt.** DATE **7-28-72**
 D BY **Joe D. Ramey** TITLE **Dist. I, Supv.** DATE **JUL 31 1972**
 IONS OF APPROVAL, IF ANY:

RECEIVED

JUL 20 1972

OIL CONSERVATION COMM.
HOBBS, N. M.