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# NEW MEXICO OIL CONSERVATION COMMISSION

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

<p><b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO REPER OR PLUG BACK TO A DIFFERENT RESERVOIR. USE APPLICATION FOR PERMIT - " (FORM C-101) FOR SUCH PROPOSALS.)</p>		<p>5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/></p>
<p>1. <input type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER-</p>		<p>5. State Oil &amp; Gas Lease No. <b>E-1731</b></p>
<p>2. Name of Operator <b>TEXACO Inc.</b></p>		<p>7. Unit Agreement Name -</p>
<p>3. Address of Operator <b>P.O. Box 728 Hobbs, New Mexico 88240</b></p>		<p>8. Form of Lease Name <b>New Mexico CU State Comm</b></p>
<p>4. Location of Well UNIT LETTER <b>F</b> <b>1980</b> FEET FROM THE <b>North</b> LINE AND <b>1980</b> FEET FROM THE <b>West</b> LINE, SECTION <b>31</b> TOWNSHIP <b>20-S</b> RANGE <b>36-E</b> NMPM.</p>		<p>9. Well No. <b>1</b></p>
<p>15. Elevation (Show whether DF, RT, GR, etc.) <b>3658' (DF)</b></p>		<p>10. Field and Pool, or Wildcat <b>Osudo Morrow</b></p>
		<p>12. County <b>Lea</b></p>

16. 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"/>	

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. Rigged Up.
2. Acidized 4-1/2" csg perforations 11,349'-11,372' w/10,000 gal SCF N<sub>2</sub> pad followed by 3500 gal 7-1/2% MS acid w/1000 gal. SCF N<sub>2</sub> per bbl.
3. Install production 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 *[Signature]* TITLE Asst. Dist. Supt. DATE 6-1-77

Orig. Signed by  
*[Signature]*

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

JUN 1977

COMMUNICATIONS