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NEW MEXICO OIL CONSERVATION COMMISSION

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

JUN 20 6 11 PM '69

5. 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- 2. Name of Operator TEXACO Inc. 3. Address of Operator P. O. Box 728, Hobbs, New Mexico 88240 4. Location of Well UNIT LETTER H , 1984 FEET FROM THE North LINE AND 658 FEET FROM THE East LINE, SECTION 11 TOWNSHIP 20-S RANGE 37-E NMPM. 15. Elevation (Show whether DF, RT, GR, etc.) 3590' (GR)	7. Unit Agreement Name 8. Farm or Lease Name C. H. Weir 'B' 9. Well No. 1 10. Field and Pool, or Wildcat SkAggs Drinkard 12. County Lea
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16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐ OTHER ☐

SUBSEQUENT REPORT OF:

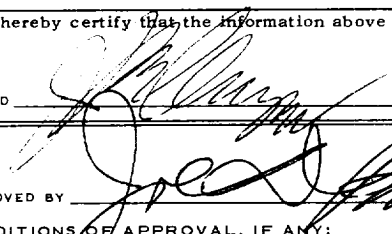
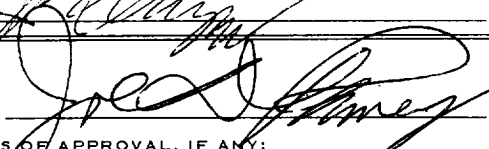
REMEDIAL WORK ☒ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐ OTHER ☐

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.

The Following Work Has Been Completed On Subject Well:

1. Pulled production pump and rods from Glorieta zone and tubing from Drinkard zone.
2. Replace joints damaged in Drinkard string and re-run equipment in both zones.
3. Acidized Drinkard perforations 6856-6896' w/5000 gal 15% NE Acid.
4. Swab, test and return to production.

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

SIGNED  TITLE **Assistant District Superintendent** DATE **June 19, 1969**
APPROVED BY  TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: