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

NEW MEXICO OIL CONSERVATION COMMISSION ... ...

JUL 2 4 30 PM '69

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

5a. 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 ☒   GAS WELL ☐   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 ___L___ , __1985__ FEET FROM THE __South__ LINE AND __660__ FEET FROM

THE __West__ LINE, SECTION __12__ TOWNSHIP __20-S__ RANGE __37-E__ NMPM.

7. Unit Agreement Name

--

8. Farm or Lease Name

C.H. Weir 'A'

9. Well No.

7

10. Field and Pool, or Wildcat

15. Elevation *(Show whether DF, RT, GR, etc.)*

3578' (D.F.)

12. County

Lea

16.

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☒
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐

OTHER _____ ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOB ☐
OTHER _____

ALTERING CASING ☐
PLUG AND ABANDONMENT ☐
☐

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.

Texaco proposes to do the following work on subject well:

1. Pull production rods and pump.
2. Cut bull plug off Drinkard string.
3. Run thru-tubing perforating gun and perforate w/2 JSPF from 6850'-6857', 6863'-6866', 6872', 6877'-6882'.
4. Acidize down 2-3/8" Drinkard tubing w/6000 gals. 15% acid in six equal stages. Follow first three stages w/65# 50/50 mixture unibeads and minibeads and next two stages w/35# 50/50 mixture unibeads and minibeads.
5. 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 __July 1, 1969__

APPROVED BY _____   TITLE _____   DATE _____

CONDITIONS OF APPROVAL, IF ANY: