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NEW MEXICO OIL CONSERVATION COMMISSION

JUL 2 3 16 PM '68

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. Patented
7. Unit Agreement Name Skaggs Grayburg Unit
8. Farm or Lease Name Skaggs Grayburg Unit
9. Well No. 8
10. Field and Pool, or Wildcat Skaggs Grayburg
11. County Lea

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.)

OIL WELL <input checked="" type="checkbox"/>	GAS WELL <input type="checkbox"/>	OTHER <input type="checkbox"/>
Name of Operator TAYACO Inc.		
Address of Operator P. O. Box 728, Hobbs, New Mexico 88240		
Location of Well UNIT CENTER 2 660 FEET FROM THE South LINE AND 660 FEET FROM		
TOWNSHIP 20-N RANGE 37-E		

(If location phone whether DE, RE, OR, etc.)

3521 (Ground Level)

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 OPS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <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.

The following work has been completed on subject well:

1. Pull rods and pump.
2. Acidize open hole 3744' - 3925' w/ 1500 gals. 15% WE acid.
3. Return well to pump, 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 [Signature] TITLE Assistant District Superintendent DATE July 2, 1968

APPROVED BY [Signature] TITLE DATE

CONDITIONS OF APPROVAL, IF ANY: