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NEW MEXICO OIL CONSERVATION COMMISSION

JUL 1 3 12 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	

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- <input type="checkbox"/>	7. Unit Agreement Name Skaggs Grayburg Unit
2. Name of Operator TEXACO Inc.	8. Farm or Lease Name Skaggs Grayburg Unit
3. Address of Operator P. O. Box 728, Hobbs, New Mexico 88240	9. Well No. 19
4. Location of Well UNIT LETTER F 1985 FEET FROM THE North LINE AND 1980 FEET FROM THE West LINE, SECTION 13 TOWNSHIP 20-S RANGE 37-E NMPM.	10. Field and Pool, or Wildcat Skaggs Grayburg
15. Elevation (Show whether DF, RT, GR, etc.) 3561' (D. F.)	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 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 JOB <input type="checkbox"/>	OTHER <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 3765'-3925' w/ 2000 gals 15% NE 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 <u>W.B. Morgan</u>	TITLE <u>Assistant District Superintendent</u>	DATE <u>July 1, 1968</u>	
APPROVED BY <u>[Signature]</u>	TITLE <u>[Signature]</u>	DATE <u>[Signature]</u>	
CONDITIONS OF APPROVAL, IF ANY:			