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LAND OFFICE	
OPERATOR	

# NEW MEXICO OIL CONSERVATION COMMISSION

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.	
7. Unit Agreement Name	
8. Farm or Lease Name	
V. M. Henderson	
9. Well No.	
4	
10. Field and Pool, or Wildcat	
Eumont	
12. 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.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>
2. Name of Operator
TEXACO Inc.
3. Address of Operator
P. O. Box 728, Hobbs, New Mexico 88240
4. Location of Well
UNIT LETTER C, 660 FEET FROM THE North LINE AND 1980 FEET FROM THE West LINE, SECTION 30 TOWNSHIP 21-S RANGE 37-E N.M.P.M.
15. Elevation (Show whether DF, RT, GR, etc.)
3305' DF

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 ☐  
OTHER ☐

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.

- Clean out hole to 3660'.
- Set CIBP @ 3620'.
- Set packer @ 3283' & acidize perforations 3488-3588' w/ 1000 gals. 15% Iron stabilized acid.
- On 24 hour test 7-16-73, flowed 20 BO, 15 BW, 30/64" choke, gravity 33.1, GOR 932.

Please reclassify from gas well to oil well.

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

SIGNED Jack Chaff TITLE Asst. Dist. Supt. DATE 7-18-73

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

CONDITIONS OF APPROVAL, IF ANY: