NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
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 ☑   Fee ☒

5. State Oil & Gas Lease No.
None

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-

7. Unit Agreement Name
None

2. Name of Operator
TEXACO Inc.

8. Farm or Lease Name
V. M. Henderson

3. Address of Operator
P. O. Box 728, Hobbs, New Mexico 88240

9. Well No.
7

4. Location of Well

UNIT LETTER __F__, __1980__ FEET FROM THE __North__ LINE AND __1980__ FEET FROM

THE __West__ LINE, SECTION __30__ TOWNSHIP __21-S__ RANGE __37-E__ NMPM.

10. Field and Pool, or Wildcat
Paddock

15. Elevation (Show whether DF, RT, GR, etc.)
3499'(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 ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☒	ALTERING CASING ☐
TEMPORARILY ABANDON ☐		COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐	CHANGE PLANS ☐	CASING TEST AND CEMENT JOB ☐	
		OTHER _____	☐
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 rods and tubing.

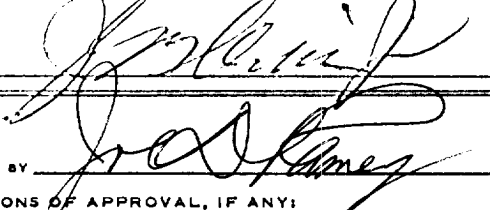2. Acidized Paddock perforations 5172' -5180' as follows:

   Pumped 10 bbls. lease crude and 5 bbls. kerosene down 2 3/8" O. D. Casing.

   Followed w/500 gals. SAF acid and 5 bbls. kerosene.

   Acidized w/3000 gals. 28% J-Type Acid.

3. Ran pump and rods.

4. Tested and returned well 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 March 10, 1969

APPROVED BY _____   TITLE DISTRICT   DATE _____

CONDITIONS OF APPROVAL, IF ANY: