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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 checked="" type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.	
NM 2A	
7. Unit Agreement Name	
8. Farm or Lease Name	
State "A" A/c-2	
9. Well No.	
17	
10. Field and Pool, or Wildcat	
Arrowhead Grayburg	
12. County	
Lea	

SUNDY 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 -" (FCRM C-101) FOR SUCH PROPOSALS.	
1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- <b>Temporarily Abandoned</b>	
2. Name of Operator	
TEXAS PACIFIC OIL COMPANY	
3. Address of Operator	
P. O. Box 1069 - Hobbs, New Mexico	
4. Location of Well	
UNIT LETTER <b>H</b> <b>2310</b> FEET FROM THE <b>North</b> LINE AND <b>350</b> FEET FROM	
THE <b>East</b> LINE, SECTION <b>11</b> TOWNSHIP <b>22-S</b> RANGE <b>36-E</b> NMPM.	
15. Elevation (Show whether DF, RT, GR, etc.)	
3513' GR	

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input checked="" type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>
OTHER <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.

1. Rig up. Clean out to PBD (3755').
2. Perf. open hole 3685, 87, 89, 91, 93, 95, 97, 99, 3710, 12, 14, 16, 18, 20, 30, 32 & 34'.
3. Run packer to 3677'. Acidize w/3000 gal. 15% NE acid. Flush with lease crude.
4. Pull packer. Run tubing, seating nipple and mud anchor.
5. Swab and test.

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

Original Signed by

SIGNED Sheldon Ward TITLE Area Superintendent DATE 8-25-68

APPROVED BY Leslie A. Clements TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: