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LAND OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes O-11
C-102 and C-101
Effective 1-1-65

5a. Indicate Type of Lease
State ☐ Fee ☒

5. State Oil & Gas Lease No.
-

SUNDRY NOTICES AND REPORTS ON WELLS

1. ☒ OIL WELL ☐ GAS WELL ☐ OTHER

2. Name of Operator
TEXACO Inc.

3. Address of Operator
P. O. Box 726, Hobbs, New Mexico 88240

4. Location of Well
UNIT LETTER **C** **330** FEET FROM THE **North** LINE AND **1980** FEET FROM **West** LINE, SECTION **29** TOWNSHIP **20-S** RANGE **37-E** RMPM.

15. Depth of Well (Show whether EE, RI, GR, etc.)
3325' (GR)

12. County
Lea

7. Unit Agreement Name
Eunice Monument Unit

8. Name of Lease Name
Eunice Monument Unit

9. Well No.
39

11. Field and State of Well
Eunice-Monument Grayburg San Andres

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 ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPERATIONS ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐		CASING TEST AND CEMENT JOBS ☐	
OTHER Squeeze San Andres-Recomplete Grayburg ☒		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.

1. Rig Up. Install BOP. Pull Prod. equipment.
2. Set cement retainer @ 3846'.
3. Squeeze perforations 3861'-3939' w/75 gal. Class 3 Cement. WOC & Test.
4. Perforate 4 1/2" csg. in Grayburg formation w/1-JSPF @ 3690', 3709', 14', 58', 72', 86', 93', 99', 3805', 12', & 3816'.
5. Set packer @ 3654'. Acidize perforations 3690'-3816' w/1500 gal. 15% NE Acid & inject 2 ball sealers after every 110 gal. acid.
6. Follow w/1000 gal. Poly-Vis III pad.
7. Frac w/16000 gal. Poly-Vis III containing 1.5# 20/40 sand per gal. in 2-equal stages using 12 ball sealers between stages. Flush w/formation water.
8. Install production equipment, test & place on production.

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

SIGNED *[Signature]* TITLE Asst. Dist. Supt. DATE 9-21-76

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: