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LAND OFFICE	
OPERATION	

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

OFFICE OF

APR 10 3 59 PM '69

5. Indicate Type of Lease State <input type="checkbox"/> Fee <input checked="" type="checkbox"/>	
6. State Oil & Gas Lease No. Fee	
7. Unit Agreement Name None	
8. Farm or Lease Name E. H. B. Phillips "B"	
9. Well No. 1	
10. Field and Pool, or Wildcat Monument Tubb	
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 -" (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 <u>F</u> <u>1980</u> FEET FROM THE <u>West</u> LINE AND <u>1980</u> FEET FROM THE <u>North</u> LINE, SECTION <u>10</u> TOWNSHIP <u>20-S</u> RANGE <u>37-E</u> NMPM.
15. Elevation (Show whether DF, RT, GR, etc.) 3572' (D. F.)

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 ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☒
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOBS ☐
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 1703.

THE FOLLOWING WORK HAS BEEN COMPLETED ON SUBJECT WELL:

1. Pulled production rods and tubing.
2. Acidize Tubb perforations 6531' to 6604' W/3000 gals. 15% NE Acid in 3 1000 Gal. stages W/2 ball sealers between stages.
3. Run production equipment, test, and return well to production.

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

SIGNED [Signature] TITLE Assistant District Superintendent DATE April 10, 1969
APPROVED [Signature] TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: