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HOBBS OFFICE O. C. C.
NEW MEXICO OIL CONSERVATION COMMISSION

JUL 1 3 13 PM '68

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.	
Patented	
7. Unit Agreement Name	
-	
8. Farm or Lease Name	
C. H. Weir "A"	
9. Well No.	
10	
10. Field and Pool, or Wildcat	
Skaggs Drinkard	
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 <u>J</u> <u>2306</u> FEET FROM THE <u>East</u> LINE AND <u>1980</u> FEET FROM THE <u>South</u> LINE, SECTION <u>12</u> TOWNSHIP <u>20-S</u> RANGE <u>37-E</u> NMPM.
15. Elevation (Show whether DF, RT, CR, etc.)
3577' (D. F.)

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐
OTHER ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐
OTHER ☐

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

ALTERING CASING ☐
PLUG AND ABANDONMENT ☐
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. Pull rods and pump.
2. Acidize 2 7/8" casing perforations with 2000 gals 15% NE acid.
3. Place well on pump, Test, and return to production.

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

SIGNED W. B. Morgan TITLE Assistant District Superintendent DATE July 1, 1968

APPROVED BY [Signature] TITLE DATE

CONDITIONS OF APPROVAL, IF ANY: