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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 type="checkbox"/>	Fee <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No.	

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"/>		7. Unit Agreement Name
2. Name of Operator TEXACO, Inc.		8. Farm or Lease Name M.B. Weir 'B'
3. Address of Operator P.O. Box 728 - Hobbs, New Mexico 88240		9. Well No. 10
4. Location of Well UNIT LETTER P 987 FEET FROM THE East LINE AND 990 FEET FROM THE South LINE, SECTION 12 TOWNSHIP 20-S RANGE 37-E NMPM.		10. Field and Pool, or Wildcat Monument Tubb
15. Elevation (Show whether DF, RT, GR, etc.) 3565' DF		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 ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐
OTHER ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐
OTHER ☐

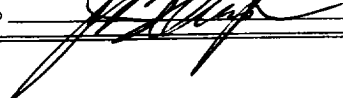
REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOBS ☐
OTHER **Perforate & Acidize** ☒

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 1103.

1. Rigged up swab unit, cleaned Tubb string from 5100-6600'.
2. Perforated Tubb casing w/2 JSPI @ 6366,73,81,86,98,6405,11,18,23,28,34,39,47,97&6513'.
3. Acidized perforations 6366-6592' w/4500 gals. HCL 15% NEA containing 9 gals. A-130 inhibitor & 1200# 50-50 rock salt & benzoic acid flakes in 5 stages. Swabbed. Pumped 50 bbls. fresh water down casing.
4. Dropped 20 foam sticks down casing. Swabbed. Returned to Production.
5. On 24 hour test dated 5-29-74, flowing 64 MCF PD.

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

SIGNED 
APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE **Asst. Dist. Supt.**

DATE **May 31, 1974**

Orig. Signed by
Joe D. B. B.
Dist. Supt.

TITLE

DATE