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NEW MEXICO OIL CONSERVATION COMMISSION

Form O-103
Supersedes O-12
O-102 and O-103
Effective 1-1-65

State <input checked="" type="checkbox"/>	Fee <input type="checkbox"/>
A-983	

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR TO A DIFFERENT USE. USE "APPLICATION FOR PERMIT" (FORM O-101) FOR SUCH PROPOSALS.)

1. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER	2. Well Name
3. Name of Operator	4. State "A" Ac-1
Texas Pacific Oil Company, Inc.	5. Well No.
6. Address of Operator	7. 47
P. O. Box 4067, Midland, Texas 79701	8. Name of Landowner
9. Location of Well	10. Langlie Mattix
UNIT LETTER K, 1980 FEET FROM THE South LINE AND 1980 FEET FROM THE West LINE, SECTION 3 TOWNSHIP 23-S RANGE 36-E	11. Elevation (Show whether DF, RT, GR, etc.)
	3460-GR
12. Elevation	13. Lea

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input checked="" type="checkbox"/> Convert to water injection well

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input type="checkbox"/>	ALTERED PLANS <input type="checkbox"/>
COMMENCE DRILLING OPERATIONS <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOBS <input type="checkbox"/>	OTHER <input type="checkbox"/>

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent information for each proposed work) SEE RULE 1103.

1. MIRUPU. Pull rods and pump, install BOPE. Pull tubing.
2. Perforate additional Seven Rivers at 3673', 3692'-96, 3712'-16' & 3750'-58'.
3. Run plastic coated injection packer and tubing. Set packer @ 3550' (+). Load 2 3/8" - 5 1/2" annulus w/1% KCL water containing 1% Tretolite KW-37 and 5# Tretolite K-470.
4. Install surface injection equipment, and commence water injection.

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

SIGNED L.A. Wright

TITLE Area Superintendent

November 5, 1975

APPROVED BY _____

TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY: