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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 checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. <b>NM 2A</b>
7. Unit Agreement No.
8. Farm or Lease Name <b>State "A" a/</b>
9. Well No. <b>57</b>
10. Field and Pool, or Wildcat <b>Langlie Mattix</b>
12. County <b>Lea</b>

**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 <b>Texas Pacific Oil Company</b>
3. Address of Operator <b>Post Office Box 1069 - Hobbs, New Mexico 88240</b>
4. Location of Well UNIT LETTER <b>B</b> , <b>660</b> FEET FROM THE <b>NORTH</b> LINE AND <b>1980</b> FEET FROM THE <b>EAST</b> LINE, SECTION <b>13</b> TOWNSHIP <b>23-S</b> RANGE <b>36-E</b> NMPM.
15. Elevation (Show whether DF, RT, GR, etc.) <b>3380' GR</b>

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

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	

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.

- Moved in, rigged up, pulled rod and tubing.
- Cleaned out to TD 3664'. Perforated open hole 3572' to 3624'.
- Acidized w/2000 gallons 15% NE acid.
- Put on pump.

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

Original Signed by  
SIGNED Sheldon Ward TITLE Area Superintendent DATE 6-26-69  
APPROVED BY [Signature] TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY: