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NEW MEXICO OIL CONSERVATION COMMISSION

HOBBS OFFICE 0.00 C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65
MAR 28 8 20 AM '66

5a. Indicate Type of Lease

State ☒ Fee ☐

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 Texas Pacific Oil Company	8. Farm or Lease Name State "A" A/c-1
3. Address of Operator P. O. Box 1069 Hobbs, New Mexico	9. Well No. 57
4. Location of Well UNIT LETTER B , 660 FEET FROM THE North LINE AND 1980 FEET FROM THE East LINE, SECTION 13 TOWNSHIP 23 RANGE 36 NMPM.	10. Field and Pool, or Wildcat Langlie Mattix
15. Elevation (Show whether DF, RT, GR, etc.) 3380 G. L.	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 <input checked="" type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input 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.

1. Rig up. Pull rods and tubing.
2. Run 2 string shots in open hole.
3. Acidize w/1000 gal. N. E. Acid. Swab test.
4. Perf. 3454-63-80-88-99-3515-23-36-44-51.
5. Plug back w/sd. to 3565'.
6. Acidize w/1000 gal. LTNE Acid and balls.
7. S.O.T. w/25,000 gal. lse. crude plus 25,000# 20-40 sd. & 1/20 adomite.
8. Bleed off pressure and CO sd.
9. Swab. Run rods and tubing.
10. Place well on production.

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

SIGNED [Signature] TITLE Area Superintendent DATE 3-24-66

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

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