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# NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103  
Supersedes Old  
C-102 and C-103  
Effective 1-1-65

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                           |                                                                                                                                                      |                                               |  |                       |  |                                                           |                                           |                                        |                                          |                                              |                                       |                                                  |                                               |                                               |                                |                                                     |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|--|-----------------------|--|-----------------------------------------------------------|-------------------------------------------|----------------------------------------|------------------------------------------|----------------------------------------------|---------------------------------------|--------------------------------------------------|-----------------------------------------------|-----------------------------------------------|--------------------------------|-----------------------------------------------------|--|
| <p align="center"><b>SUNDRY NOTICES AND REPORTS ON WELLS</b></p> <p align="center"><small>DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO RE-ENTER OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT TO DRILL" (FORM C-101) FOR SUCH PROPOSALS.</small></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                           | <p>5a. Indicate Type of Lease<br/>State <input type="checkbox"/> Fee <input checked="" type="checkbox"/></p> <p>5. State Oil &amp; Gas Lease No.</p> |                                               |  |                       |  |                                                           |                                           |                                        |                                          |                                              |                                       |                                                  |                                               |                                               |                                |                                                     |  |
| <p>1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/></p> <p>2. Name of Operator<br/>Texas Pacific Oil Company, Inc.</p> <p>3. Address of Operator<br/>P. O. Box 4067, Midland, Texas 79701</p> <p>4. Location of Well<br/>UNIT LETTER <u>A</u> <u>660</u> FEET FROM THE <u>north</u> LINE AND <u>660</u> FEET FROM<br/>THE <u>east</u> LINE, SECTION <u>23</u> TOWNSHIP <u>22-S</u> RANGE <u>37-E</u> NMPAL.</p>                                                                                                                                                                                                                                                                                                                                                                                         |                                           | <p>7. Unit Agreement Name</p> <p>8. Farm or Lease Name<br/>Boyd</p> <p>9. Well No.<br/>3</p> <p>10. Field and Pool, or Wildcat<br/>Drinkard</p>      |                                               |  |                       |  |                                                           |                                           |                                        |                                          |                                              |                                       |                                                  |                                               |                                               |                                |                                                     |  |
| <p>15. Elevation (Show whether DE, RT, GR, etc.)<br/>3318' GR</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                           | <p>12. County<br/>Lea</p>                                                                                                                            |                                               |  |                       |  |                                                           |                                           |                                        |                                          |                                              |                                       |                                                  |                                               |                                               |                                |                                                     |  |
| <p>16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data</p> <table border="0"> <tr> <td colspan="2">NOTICE OF INTENTION TO:</td> <td colspan="2">SUBSEQUENT REPORT OF:</td> </tr> <tr> <td>PERFORM REMEDIAL WORK <input checked="" type="checkbox"/></td> <td>PLUG AND ABANDON <input type="checkbox"/></td> <td>REMEDIAL WORK <input type="checkbox"/></td> <td>ALTERING CASING <input type="checkbox"/></td> </tr> <tr> <td>TEMPORARILY ABANDON <input type="checkbox"/></td> <td>CHANGE PLANS <input type="checkbox"/></td> <td>COMMENCE DRILLING OPER. <input type="checkbox"/></td> <td>PLUG AND ABANDONMENT <input type="checkbox"/></td> </tr> <tr> <td>FULL OR ALTER CASING <input type="checkbox"/></td> <td>OTHER <input type="checkbox"/></td> <td>CASING TEST AND CEMENT JOB <input type="checkbox"/></td> <td></td> </tr> </table> |                                           |                                                                                                                                                      | 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 OPER. <input type="checkbox"/> | PLUG AND ABANDONMENT <input type="checkbox"/> | FULL OR ALTER CASING <input type="checkbox"/> | OTHER <input type="checkbox"/> | CASING TEST AND CEMENT JOB <input type="checkbox"/> |  |
| 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 OPER. <input type="checkbox"/>                                                                                                     | PLUG AND ABANDONMENT <input type="checkbox"/> |  |                       |  |                                                           |                                           |                                        |                                          |                                              |                                       |                                                  |                                               |                                               |                                |                                                     |  |
| FULL 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.

Test for casing leak and stimulate.

Set RBP at 6200' and test w/packer for casing leak. If casing leak is found:

1. Set cement retainer 50' above leak and squeeze w/50 sx. Class "C". Tail in w/50 sx. Class "C". WOC 24 hours.
2. Test to 1000 psi.
3. Clean out and pull RBP.
4. Set packer at 6100' and acidize w/5000 gals. of 15% acid. Flow well to clean up.
5. Frac w/30,000 gals. 2% KCl water + 39,000# sand.
6. 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. J. McClintock TITLE Regional Operations Supt. DATE 2-20-79

APPROVED BY Jerry Sexton DATE 2/20/79

CONDITIONS OF APPROVAL, IF ANY: