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NEW MEXICO OIL CONSERVATION COMMISSION

HOBBS OFFICE 06-66
 Form C-103
 Supersedes Old
 C-102 and C-103
 Effective 1-1-65
MAR 28 8 21 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. 58
4. Location of Well UNIT LETTER G , 1980 FEET FROM THE North LINE AND 1980 FEET FROM THE East LINE, SECTION 11 TOWNSHIP 23 RANGE 36 NMPM.	10. Field and Pool, or Wildcat Langlie Mattix
15. Elevation (Show whether DF, RT, GR, etc.) 3425' G.L.	12. County Lea

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 JOBS <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 1703.

1. Rig up. Pull rods & tbg.
2. Perf. 3477-89-3503-21-27-42-51-61-77-88'.
3. Plug back w/sd. to 3600'.
4. Acidize w/1000 gal. acid & ball sealers.
5. S.O.T. w/25,000 gal. lse. crude plus 25,000# 20-40 sd. plus 1/20 adomite.
6. Bleed off pressure and CO sand to TD (3650').
7. RUN Tubing and rods.
8. 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: