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AND OFFICE		
OPERATOR		

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. NM2-A	

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.)

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1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>	2. Name of Operator Texas Pacific Oil Company, Inc.
3. Address of Operator P. O. Box 4067, Midland, Texas 79701	4. Location of Well UNIT LETTER H 1650 FEET FROM THE north LINE AND 990 FEET FROM THE east LINE, SECTION 15 TOWNSHIP 23-S RANGE 36-F NMPM.
5. Elevation (Show whether DF, RT, GR, etc.) 3463' GR	6. County Lea

7. Unit Agreement Name
8. Farm or Lease Name State "A" A/c-1
9. Well No. 31
10. Field and Pool, or Wildcat Jalmat (Yates-7Rivers)
11. 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 type="checkbox"/>	REMEDIAL WORK <input checked="" type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>
OTHER <input type="checkbox"/>	OTHER <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.

Work Started 6-26-77

1. MIRUPU. Killed well with 9 ppg brine containing 1% KCl and 1 gal. per 1000 gals. Morflo II. Install BOPE.
2. Pulled tubing and packer.
3. GIH with bit, DC's and 2 7/8" workstring. Cleanout to TD @ 3575' with foamed 9 ppg brine containing 1% KCl and 1 gal./1000 gals. Morflo II.
4. Spotted 1000 gals. 15% FE Acid in the open hole.
5. Pull workstring. Run tubing. NU wellhead.
6. Swab well to flow and test. 7-20-77 Tested 120 MCF.

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 District Operations Supt. DATE 7-20-77

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

JUL 22 1977

U.S. DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

JUL 22 1977

OIL CONSERVATION COMM.
HOBBS, N. M.