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LAND OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
 Supersedes Old
 C-102 and C-103C.
 Effective 1-1-65
 JUL 5 9 47 AM '67

5a. Indicate Type of Lease	State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.	
7. Unit Agreement Name	
8. Farm or Lease Name	
9. Well No.	State "A" A/c-1
10. Field and Pool, or Wildcat	Langlie Mattix
12. County	Lea

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 ☒ GAS WELL ☐ OTHER- ☐

2. Name of Operator
TEXAS PACIFIC OIL COMPANY

3. Address of Operator
P. O. Box 1069 - Hobbs, New Mexico

4. Location of Well
 UNIT LETTER **H** , **2080** FEET FROM THE **North** LINE AND **660** FEET FROM THE **East** LINE, SECTION **23** TOWNSHIP **23-S** RANGE **36-E** NMPM.

15. Elevation (Show whether DF, RT, GR, etc.)
3355.7' GR

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

PERFORM REMEDIAL WORK ☒
 TEMPORARILY ABANDON ☐
 PULL OR ALTER CASING ☐
 OTHER ☐

PLUG AND ABANDON ☐
 CHANGE PLANS ☐
 OTHER ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐
 COMMENCE DRILLING OPNS. ☐
 CASING TEST AND CEMENT JOBS ☐
 OTHER ☐

ALTERING CASING ☐
 PLUG AND ABANDONMENT ☐

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. Set retrievable Bridge-plug @ apprx. 3520'.
2. Perf. 3363-96-3412-21-25-37-43-52-70 & 76' w/ 3/8" jets.
3. Acidize w/1000 gal. 15% NE acid. Swab.
4. Water-frac w/20,000 gal. brine + 15,000# 20/40 sd.
5. Swab and test.
6. Place well on production.

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

Original Signed by

Sheldon Ward

SIGNED

TITLE Area Superintendent

DATE 7-3-67

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: