NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND 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 [X] Fee [ ]

5. State Oil & Gas Lease No.: B-158

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 [X] GAS WELL [ ] OTHER-

7. Unit Agreement Name:

2. Name of Operator: TEXACO Inc.

8. Farm or Lease Name: NM 'BZ' State NCT-8

3. Address of Operator: P.O. Box 728 Hobbs, New Mexico 88240

9. Well No.: 7

4. Location of Well: UNIT LETTER H, 1980 FEET FROM THE North LINE AND 660 FEET FROM THE East LINE, SECTION 16 TOWNSHIP 23-S RANGE 37-E NMPM.

10. Field and Pool, or Wildcat: Langlie Mattix Seven Rivers Queen

15. Elevation (Show whether DF, RT, GR, etc.): 3319' (DF)

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 [ ]	PLUG AND ABANDON [ ]	REMEDIAL WORK [ ]	ALTERING CASING [ ]
TEMPORARILY ABANDON [ ]		COMMENCE DRILLING OPNS. [ ]	PLUG AND ABANDONMENT [ ]
PULL OR ALTER CASING [ ]	CHANGE PLANS [ ]	CASING TEST AND CEMENT JOB [ ]	
OTHER Convert to Water Injection [X]		OTHER [ ]	

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. Install BOP. Pull production equipment.
2. Clean out to TD (3697).
3. Perforate 4½ OD Csg . w/2-JSPF from 3474'-3476' & 3506'- 3508'.
4. Set pkr @ 3450' Acidize perforations 3474'-3606' w/1500 gal regular Mud acid in 3 equal stages using 250# rock salt between stages.
5. Run 2 3/8" OD tubing (internally plastic coated) w/packer & set @ 3400'.
6. Load csg annulus w/inhibited water.
7. Test and place well on injection.

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

SIGNED [signature] TITLE Asst. Dist. Supt. DATE 11-29-76

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: