

## OIL CONSERVATION DIVISION

P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501Form C-103  
Revised 10-1-78

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DISTRIBUTION		
SANTA FE		
FILE		
U.S.O.S.		
LAND OFFICE		
OPERATOR		

5a. Indicate Type of Lease	
State <input checked="" type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.	
B-1327	

## 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- Water Injection

Name of Operator

TEXACO PRODUCING INC.

Address of Operator

P.O. BOX 728, Hobbs, N.M. 88240

Location of Well

NE 1/4 C 880 FEET FROM THE North LINE AND 1760 FEET FROM

West LINE, SECTION 32 TOWNSHIP 23S RANGE 37E NMPM.

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

3308' DF

7. Unit Agreement Name  
Myers Langlie Mattix Unit

8. Farm or Lease Name

9. Well No.

57

10. Field and Pool, or Wildcat  
Langlie Mattix12. County  
Lea

## Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

## NOTICE OF INTENTION TO:

FORM REMEDIAL WORK ☐  
ORABLY ABANDON ☐  
OR ALTER CASING ☐PLUG AND ABANDON ☐  
CHANGE PLANS ☐OTHER ☐

## SUBSEQUENT REPORT OF:

REMEDIAL WORK ☒  
COMMENCE DRILLING OPNS. ☐  
CASING TEST AND CEMENT JOB ☐  
OTHER ☐ALTERING CASING ☐  
PLUG AND ABANDONMENT ☐

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.

Rigged up. Installed BOP. Pulled tbq. & pkr.  
Set pkr. at 3326'.  
Acidized 4" csg. 3429-3674' w/5000 gal. 15% NEFE HCL w/110 gal. NL Chemical checkersol and 60 RCNBS in one stage. POH w/pkr.  
Ran pkr. and 2 3/8" tbq. tested to 5000#. Loaded annulus w/inhibited water.  
Ran Ind. profile. Recommended not to polymerize.  
Returned to Ind. 5-30-85.

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

BY W.B. Galt TITLE Dist. Opr. Mgr. DATE 6/18/85APPROVED BY Eddie W. Day TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
TIONS OF APPROVAL, IF ANY: