OF OPIES RECEIVED		
DISTRIBUTION	1	Form C-103 Supersedes Old
SANTAFE	N. XICO OIL CONSERVATION COMMISSION	C-102 and C-103
FILE	A NEW OIL CONSERVATION COMMISSION	Effective 1-1-65
U.S.G.S.	1	30-025-11178
LAND OFFICE	-	5a. Indicate Type of Lease
OPERATOR	-	State Fee X
	J	5. State Oil & Gas Lease No.
CLINIDS		-100
(DO NOT USE THIS FORM FOR PRO	RY NOTICES AND REPORTS ON WELLS  OPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR.  TION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)	
l.	100 FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)	
CIL GAS WELL WELL		7. Unit Agreement Name
2. Name of Operator	OTHER.	J. F. Black
		8. Farm or Lease Name
TEXACO INC.  3. Address of Operator		1
		0 Wall No
4. Location of Well	, Hobbs, New Mexico 88240	Länglie-Mattix Seven Rivers Queen
UNIT LETTER G,	980 FEET FROM THE North LINE AND 1980 FEET FRO	
THE <b>KAST</b> LINE, SECTION	ON 21 TOWNSHIP 24-S RANGE 37-E NMPH	
mmmmmm		
	15. Elevation (Show whether DF, RT, GR, etc.)	12. County
16.	3220 (GR)	Lea
Check A	Appropriate Box To Indicate Nature of Notice, Report or O	the Dec
NOTICE OF IN	ITENTION TO:	ther Data
	SUBSEQUEN	IT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON REMEDIAL WORK	
TEMPCRARILY ABANDON	COMMENCE DRILLING OPNS.	ALTERING CASING
PULL OR ALTER CASING		PLUG AND ABANDONMENT
	CHANGE PLANS CASING TEST AND CEMENT JQB OTHER	
OTHER		
17 Danceth Dec		
work) SEE RULE 1103.	erations (Clearly state all pertinent details, and give pertinent dates, including	g estimated date of starting any proposed
		The state of the s
• • • •		
1. Pull rods a	nd pump. Install BOP.	
2. Ran packer	and set @ 3264'.	
2 4 . 4 . 4		
3. Acidize ope	n hole 3365'-3495' w/1500 gals. 15% NE rock salt between first and second stag	Acid in 3 atomos
using 600#	rock salt between first and second stac	res Swoh
h m		Ses. Shap.
4. Treat open	hole 3365'-3495' w/165 gals. scale inhi fresh water and flushed w/200 bbls. tre	hitor mixed
W/25 DDIs.	fresh water and flushed w/200 bbls. tre	eated fresh water
		a sou ilesii water.
. I hereby certify that the information of	pove is true and complete to the best of my knowledge and belief.	
	To the and complete to the best of my knowledge and belief.	
GNED COLOR	Assistant District Sup	t. DATE 11-18-75
T	F	
PROVED BY		The state of the s

ONDITIONS OF APPROVAL, IF ANY;