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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 <input checked="" type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. B-158-3	
7. Unit Agreement Name	
8. Farm or Lease Name New Mexico 'BZ' St NCT-10	
9. Well No. 2	
10. Field and Pool, or Well at Justis Blinebry	
11. County Lea	

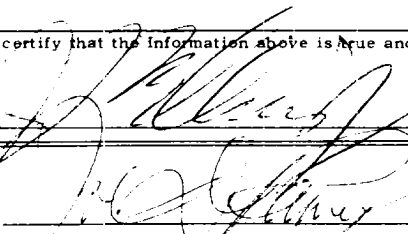
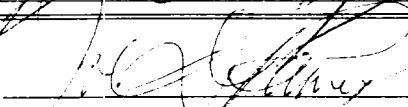
<p align="center">SUNDRY NOTICES AND REPORTS ON WELLS</p> <p align="center"><small>(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)</small></p>	
1. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER-	
2. Name of Operator TEXACO Inc.	
3. Address of Operator P. O. Box 728, Hobbs, New Mexico 88240	
4. Location of Well UNIT LETTER N 990 FEET FROM THE South LINE AND 1978 FEET FROM THE West LINE, SECTION 2 TOWNSHIP 25-S RANGE 37-E N.M.P.M.	
15. Elevation (Show whether DF, RT, GR, etc.) 3151 (DF)	

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> OTHER <input type="checkbox"/>	SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> CASING TEST AND CEMENT JOB <input type="checkbox"/> OTHER Squeeze off Blinebry Zone <input checked="" 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 1103.

In an effort to acidize San Andres Water Disposal zone, communication was discovered between the Blinebry (String Y) and San Andres (String X).

Blinebry perforations 5340-5537', w/10 sx Incor cmt. Blinebry Zone shut-in pending additional remedial work.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
SIGNED 	TITLE Assistant District Superintendent	DATE December 4, 1969
APPROVED BY 	TITLE	DATE
CONDITIONS OF APPROVAL, IF ANY:		