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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 ☐ Fee ☒

5. State Oil & Gas Lease No.
-

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**

7. Unit Agreement Name
-

2. Name of Operator
TEXACO Inc.

8. Farm or Lease Name
J. F. Black

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

9. Well No.
1 6

4. Location of Well
UNIT LETTER **F**, **2630** FEET FROM THE **North** LINE AND **1340** FEET FROM THE **West** LINE, SECTION **21** TOWNSHIP **24-S** RANGE **37-E** NMPM.

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

15. Elevation (Show whether DF, RT, GR, etc.)
3245' (DF)

12. County
Lea

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐ CHANGE PLANS ☐
OTHER ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER **Addl. perforations-same pay** ☒

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. **Pulled Injection Tubing. Install BOP.**

2. **Clean out to 3676'. Perforate 2 7/8" OD tubing w/2-JSPF @ 3554'-3565' & 3582'.**

3. **Set RBP @ 3570' & packer @ 3600'. Acidize old csg perforations 3626'-3658' w/1000 gal. 15% NE Acid. Follow w/1500 gal. retarded acid. Flush w/6 Bbls. fresh water.**

4. **Reset RBP @ 3600' & packer @ 3529'. Acidize new csg perforations 3554'-3582' w/1500 gal. 15% NE Acid. Follow w/2000 gal. retarded acid. Flush w/6 Bbls. Fresh water.**

5. **Run Injection equipment. Return to injection.**

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

SIGNED _____ TITLE **Asst. Dist. Supt.** DATE **6-3-76**

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: