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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 <input type="checkbox"/>	Fee <input checked="" type="checkbox"/>
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 <input type="checkbox"/> GAS WELL <input type="checkbox"/> 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. 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
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: SUBSEQUENT REPORT OF:

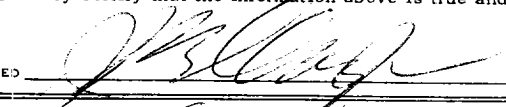
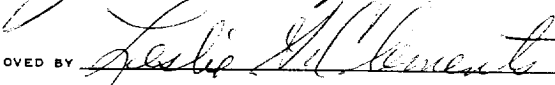
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	OTHER <input 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.

The following work has been completed on subject well:

1. Pull tubing and packer.
2. Acidize casing perforations 3457' to 3658' w/1200 gals 15% NEA in 6 equal stages w/3 ball sealers between stages.
3. Frac w/8000 gals gelled brine water in 4 - 2000 gal stages w/300# rock salt per stage.
4. Ran tubing and packer and 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 Assistant District Superintendent	DATE March 3, 1970
APPROVED BY 	TITLE Superintendent	DATE March 3, 1970
CONDITIONS OF APPROVAL, IF ANY:		