

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old C.
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. NMJ-540

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 - 1" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator TEXAS PACIFIC OIL COMPANY	8. Farm or Lease Name Eaton S.W.
3. Address of Operator P. O. Box 1069 - Hobbs, New Mexico	9. Well No. 8
4. Location of Well UNIT LETTER M, 990 FEET FROM THE South LINE AND 530 FEET FROM THE West LINE, SECTION 12 TOWNSHIP 25-S RANGE 37-E N.M.P.M.	10. Field and Pool, or Wildcat Justis Tubb-Drinkard
15. Elevation (Show whether DF, RT, GR, etc.) 3101.1' GR	12. County Lea

16.

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐
OTHER ☐

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 ☐
OTHER ☐

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. Ran 153 lbs. 5/8" 15.5# casing. Set @ 6204'.
2. Cemented w/280 sks. incor 50/50 posmix + 6% Gel; 300 sks. incor 50/50 posmix. Pumped plug to 6169'.
3. W.O.C. 24 hrs. Tested casing to 1000#. Test O.K.
4. Perf. Tubb-Drinkard zone 5780-87-93-5800-43-73-79-5927-76-84-97-6014-28-44-56-64-5979-86-94-6110-18-42' w/1 3/8" JSPF.
5. Packer set @ 6167'. Acidized w/442 gal. 15% acid.
6. Packer set @ 5690'. Acidized w/1558 gal. acid. Swab back acid.
7. Frac w/30,000 gal. brine wtr. + 45,000# 20/40 sd. Swab to flow.
8. Total fluid recovered.

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

Original Signed by

SIGNED Sheldon Ward TITLE Area Superintendent DATE 4-28-67

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: