STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

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-
7. Unit Agreement Name: Myers Langlie Mattix Unit
2. Name of Operator: Texaco Producing Inc
8. Farm or Lease Name:
3. Address of Operator: PO Box 1060 Eunice, New Mexico 88231
9. Well No.: 234
4. Location of Well: UNIT LETTER L, 1980 FEET FROM THE South LINE AND 760 FEET FROM THE West LINE, SECTION 8 TOWNSHIP 24S RANGE 37E NMPM.
10. Field and Pool, or Wildcat: Langlie Mattix
15. Elevation (Show whether DF, RT, GR, etc.): KB 3313
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	☒	PLUG AND ABANDON	☐	REMEDIAL WORK	☐	ALTERING CASING	☐
TEMPORARILY ABANDON	☐			COMMENCE DRILLING OPNS.	☐	PLUG AND ABANDONMENT	☐
PULL OR ALTER CASING	☐	CHANGE PLANS	☐	CASING TEST AND CEMENT JOB	☐		
OTHER	☐			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. Rig up PU and install BOP. TIH with workstring and bit and drill out CIBP at 3363. Clean out to PBTD (3747). TOH with workstring.
2. TIH with production equipment and install dual wellhead. Return to production and allow well to stabilize.
3. Run production log to identify water producing zone. TOH with rods, pmp & tbg.
4. Squeeze the water entry zone with Injectrol based on the production log. Isolate the treatment by creating an interface by pumping water down the backside. Tail in with Class H cement.
5. TOH with workstring and WOC 24 hours.
6. Return well to production.

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

SIGNED K C Johnson TITLE AREA SUPERINTENDENT DATE SEP 23 1987

APPROVED BY _____ TITLE _____ DATE SEP 25 1987