

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 1-1-89

DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

WELL API NO. 30-015-05130

5. Indicate Type of Lease  
STATE ☐ FEE ☐

6. State Oil & Gas Lease No.  
Federal Lease No. LC-029418 b

7. Lease Name or Unit Agreement Name

Lea "C"

8. Well No.

2

9. Pool name or Wildcat

Grayburg-Jackson

SUNDRY NOTICES AND REPORTS ON WELLS  
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK OR AC.  
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"  
(FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well:  
OIL WELL ☐ GAS WELL ☐ OTHER Injection

2. Name of Operator  
Texaco Exploration and Production Inc. ✓

3. Address of Operator  
P.O. Box 730 Hobbs, New Mexico 88240

4. Well Location  
Unit Letter B : 660 Feet From The North Line and 1980 Feet From The East Line  
Section 11 Township 17-S Range 31-E NMPM Eddy County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)  
3968' DF

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

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

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐  
CASING TEST AND CEMENT JOB ☐  
OTHER: Tested casing ☒

12. 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.

3/31/92

1. Notified NMOCD.
2. Conducted casing integrity test on the above injection well.
3. Tested 5 1/2" casing from surface to packer @ 3400' as per NMOCD guidelines to 300# for 30 minutes. Held OK.

(ORIGINAL CHART DELIVERED TO NMOCD, COPY OF CHART ON BACK)

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

SIGNATURE M. C. Dumas TITLE Engineer's Assistant DATE 4-1-92

TYPE OR PRINT NAME

TELEPHONE NO.

(This space for State Use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: