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U.S.G.S.

LAND OFFICE

OPERATOR

## 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 &amp; Gas Lease No.

B-1382

## 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

None

2. Name of Operator

TEXACO Inc.

8. Farm or Lease Name

New Mexico "K" State

3. Address of Operator

P. O. Box 728, Hobbs, New Mexico 88240

9. Well No.

2

4. Location of Well

UNIT LETTER I , 1980 FEET FROM THE South LINE AND 660 FEET FROM  
THE East LINE, SECTION 18 TOWNSHIP 19-S RANGE 37-E NMPM.

10. Field and Pool or Wildcat  
Monument Grayburg  
San Andres

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

3700' (D. F.)

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 JOBS ☐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.

TEXACO HAS COMPLETED THE FOLLOWING WORK ON SUBJECT WELL:

1. Pull production rods and tubing.
2. Dump 110 gals Champion Chemical (C-30) down tubing followed by 4 barrels fresh water.
3. Shut-In 24 hours.
4. Circulate 24 hours.
5. Pump 110 gals Champion T-27 Inhibitor w/5 gals demulsifier flushed w/ 60 barrels fresh water down casing.
6. Test and 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

Assistant District  
Superintendent

DATE February 4, 1969

APPROVED BY

TITLE

SUPERVISOR DISTRICT

DATE

CONDITIONS OF APPROVAL, IF ANY: