

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

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

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 <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- <u>Water Injection</u>	7. Unit Agreement Name <u>Skaggs Grayburg Unit</u>
2. Name of Operator <u>Texaco Inc.</u>	8. Farm or Lease Name <u>Skaggs Grayburg Unit</u>
3. Address of Operator <u>P.O. Box 728, Hobbs, New Mexico 88240</u>	9. Well No. <u>9</u>
4. Location of Well UNIT LETTER <u>M</u> <u>660</u> FEET FROM THE <u>West</u> LINE AND <u>660</u> FEET FROM THE <u>South</u> LINE, SECTION <u>7</u> TOWNSHIP <u>20-S</u> RANGE <u>38-E</u> N.M.P.M.	10. Field and Pool, or WHdcat <u>Skaggs Grayburg</u>
15. Elevation (Show whether DF, RT, GR, etc.) <u>3563' (GR)</u>	12. County <u>Lea</u>

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"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER <u>Replace Tubing</u> <input checked="" type="checkbox"/>
	CHANGE PLANS <input type="checkbox"/>
	PLUG AND ABANDON <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.

1. Rigged up. Install BOP. Pull tubing & pkr.
2. Clean out well.
3. Ran 2-3/8" OD plastic coated tubing w/pkr. & set @ 3670'. Test pkr.
4. Return to injection, 3-26-82.

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

SIGNED [Signature] TITLE Asst. Dist. Supt. DATE 4-1-82

APPROVED BY Les Clemens TITLE _____ DATE APR 5 1982

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

APR 5 1982

O. C. O.
HOBBY OFFICE