

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 1-1-89

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

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

WELL API NO.  
30 025 31956

5. Indicate Type of Lease  
STATE  FEB

6. 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.)

7. Lease Name or Unit Agreement Name  
B.F. Harrison "C"

1. Type of Well:  
OIL WELL  GAS WELL  OTHER

8. Well No.  
1

2. Name of Operator  
Texaco Exploration and Production Inc.

9. Pool name or Wildcat  
Teaque Blinebry

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

4. Well Location  
Unit Letter L : 1840 Feet From The S Line and 670 Feet From The W Line  
County  
Section 9 Township 23S Range 37E NMPM LEA

10. Elevation (Show whether DF, RKB, RT, GR, etc.)  
GR-3320', KB-3332'

11. 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"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: Casing valve risers to surface <input checked="" type="checkbox"/>	

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.

08-23-93

NMOCD representative Mr.Charlie Perrin witnessed & approved casing risers @ surface.

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

SIGNATURE L.W. Johnson TITLE ENGR ASST DATE 12-08-93

TYPE OR PRINT NAME L.W. Johnson TELEPHONE NO. 505-393-7191

(This space for State Use)

APPROVED BY Charlie Perrin TITLE OIL & GAS INSPECTOR DATE DEC 10 1993

CONDITIONS OF APPROVAL, IF ANY: