

NEW MEXICO OIL CONSERVATION COMMISSION

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

5a. Indicate Type of Lease	
State <input type="checkbox"/>	Fee <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No.	

SUNDRY NOTICES AND REPORTS ON WELLS
DO NOT USE THIS FORM FOR PROPOSALS TO DRILL, RE-DRILL, OR PLUG BACK TO A DIFFERENT RESERVOIR.
USE APPLICATION FOR PERMITS AND REPORTS (C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator TEXACO Inc.	8. Farm or Lease Name U.D. Sawyer
3. Address of Operator P.O. Box 728, Hobbs, NM 88240	9. Well No. 2
4. Location of Well UNIT LETTER G 1650 FEET FROM THE North LINE AND 1650 FEET FROM THE East LINE, SECTION 34 TOWNSHIP 9S RANGE 36E N.M.P.M.	10. Field and Pool, or Wildcat Crossroads Siluro Devonian
15. Elevation (Show whether DF, RT, GR, etc.) 4029' GR	12. County Lea

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 checked="" type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <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. Pull submersible pump
2. Set RBP @ 4300' and dump sand on plug.
3. Cut off 5½" casing @ 4100' and pull. Dress off cut Run liner hanger-packer. Latch onto 5½" casing and set liner hanger in 9 5/8" casing.
4. Retrieve RBP @ 4300'.
5. Run submersible and return to production.

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 **2-11-75**

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: