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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 & 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 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 F. B. Gist
3. Address of Operator P. C. Box 728, Hobbs, New Mexico 88240	9. Well No. 2
4. Location of Well UNIT LETTER H 2080 FEET FROM THE North LINE AND 680 FEET FROM THE East LINE, SECTION 31 TOWNSHIP 11-S RANGE 33-E NMPM.	10. Field and Pool, or Wildcat Undesignated
15. Elevation (Show whether DF, RT, GR, etc.) 4316' (DF)	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 <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"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input checked="" type="checkbox"/>	OTHER <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.

TOTAL DEPTH 10,400'
9 5/8" O.D. 24#, 23#, & 32# Smis. Casing set @ 3750'

Ran 10,374' (307 Jts.) 5 1/2" O.D. 17#, 20# & 26# Smis. Casing and cemented @ 10,393' w/300 sx. TLM w/4% gel and 350 # Class "C" Cement containing 10# Salt per sx. Cement Circulated, Plug @ 10,361: Job Complete 6:00 A. M., September 3, 1969.

Tested 5 1/2" O.D. Casing w/500# for 30 minutes from 2:00 to 2:30 P. M., September 4, 1969. Tested O. K. Job Complete 2:30 P. M., September 4, 1969.

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

SIGNED *[Signature]* TITLE Assistant District Superintendent DATE September 5, 1969

APPROVED BY *[Signature]* TITLE SUPERVISOR DISTRICT DATE *[Signature]*

CONDITIONS OF APPROVAL, IF ANY: