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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 GAS WELL OTHER
 2. Name of Operator: **TEXACO Inc.**
 3. Address of Operator: **P. O. Box 728, Hobbs, New Mexico 88240**
 4. Location of Well: UNIT LETTER **J**, **1980** FEET FROM THE **South** LINE AND **2307** FEET FROM THE **East** LINE, SECTION **11** TOWNSHIP **20-S** RANGE **37-E** NMPM.
 7. Unit Agreement Name
 8. Farm or Lease Name: **C.H. Weir 'B'**
 9. Well No.: **7**
 10. Field and Pool, or Wildcat: *****
 11. Elevation (Show whether DF, RT, GR, etc.): **3596' DF**
 12. County: **Lea**

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
 NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK PLUG AND ABANDON TEMPORARILY ABANDON CHANGE PLANS PULL OR ALTER CASING OTHER
 SUBSEQUENT REPORT OF: REMEDIAL WORK ALTERING CASING COMMENCE DRILLING OPER. PLUG AND ABANDONMENT CASING TEST AND CEMENT JOB OTHER

Addition to C-103. 11-11-69
***Skaggs Drinkard, Monument Tubb, Skaggs Glorieta.**

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. Skaggs Glorieta perforations 5288-5296' were squeezed w/ 150 sx. Class 'C' cement and zone plugged & abandoned. (C-103 dated Nov. 11, 1969.)
2. Monument Tubb perforations 6494-6621' was inadvertently squeezed off at the same time. This zone was plugged & abandoned.
3. East Weir Blinebry Zone was never completed. (C-103 dated Nov. 11, 1969.)
4. Subject well is a single in Skaggs Drinkard.

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

SIGNED *J. Blinzy* TITLE Asst. Dist. Supt. DATE 4-18-73

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: