

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

NOV 6 1980

Form C-103  
Revised 10-1-78

|                        |  |
|------------------------|--|
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| LAND OFFICE            |  |
| OPERATOR               |  |

|                                                                           |
|---------------------------------------------------------------------------|
| 5a. Indicate Type of Lease                                                |
| FE State <input type="checkbox"/> Fee <input checked="" type="checkbox"/> |
| 5. State Oil & Gas Lease No.                                              |
| 7. Unit Agreement Name                                                    |
| 8. Farm or Lease Name                                                     |
| Springhill Corp. NCT-1                                                    |
| 9. Well No.                                                               |
| 1                                                                         |
| 10. Field and Pool, or Wildcat                                            |
| Wildcat                                                                   |
| 12. County                                                                |
| Union                                                                     |

SUNDY 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.)

OIL WELL ☐ GAS WELL ☐ OTHER- Carbon Dioxide

Name of Operator  
TEXACO Inc.

Address of Operator  
Drawer 728, Hobbs, New Mexico 88240

Location of Well  
UNIT LETTER G 1980 FEET FROM THE North LINE AND 1980 FEET FROM THE East LINE. SECTION 28 TOWNSHIP 29-N RANGE 30-E NMPM.

15. Elevation (Show whether DF, RT, GR, etc.)  
6259' (GR)

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"/>   | COMMENCE DRILLING OPERATIONS <input type="checkbox"/>           |
| PULL OR ALTER CASING <input type="checkbox"/>  | CASING TEST AND CEMENT JOBS <input checked="" type="checkbox"/> |
| OTHER <input type="checkbox"/>                 | OTHER <input type="checkbox"/>                                  |
| PLUG AND ABANDON <input type="checkbox"/>      | ALTERING CASING <input type="checkbox"/>                        |
| CHANGE PLANS <input type="checkbox"/>          | PLUG AND ABANDONMENT <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 3844'
- 9-5/8" OD 32# H-40 Casing set at 696'  
7" OD 20# K-55 Casing set at 1595'
1. Ran 3822' (95 jts) 4-1/2" OD 10.5# K-55 Casing and set at 3834'.
  2. Cemented w/500 sx LW cement followed with 200 sx Class "C" cement. Cement circulated. Job complete 8:45 P.M., 9-16-80. WOC in excess of 18 hours.
  3. Tested 4-1/2" casing to 1500# for 30 minutes, 8:00-8:30 A.M., 10-26-80. Tested OK. Job complete 8:30 A.M., 10-26-80.

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

|                                 |                                 |               |
|---------------------------------|---------------------------------|---------------|
| SIGNED <u>[Signature]</u>       | TITLE Ass't. Dist. Supt.        | DATE 11-5-80  |
| APPROVED BY <u>[Signature]</u>  | TITLE SENIOR PETROLEUM ENGINEER | DATE 11-10-80 |
| CONDITIONS OF APPROVAL, IF ANY: |                                 |               |