

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Enr Minerals and Natural Resources Department

Form C-103  
Revised 1-1-89

CLST  
DP

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

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

WELL API NO.

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

K-6096

7. Lease Name or Unit Agreement Name

State "K" 6096 A

8. Well No.

1

9. Pool name or Wildcat

Cemetery-Morrow

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.)

RECEIVED

MAR 17 '89

O. C. D.

ARTESIA, OFFICE

1. Type of Well:

OIL  
WELL ☐

GAS  
WELL ☒

OTHER

2. Name of Operator

Texaco Producing Inc.

3. Address of Operator

PO Box 728, Hobbs, New Mexico 88240

4. Well Location

Unit Letter N : 1980 Feet From The West Line and 660 Feet From The South Line

Section 28 Township 19S Range 25E NMPM Eddy County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

3506' KB

11. 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: Cancel

☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐

ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐

PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: ☐

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.

Please cancel the Intent submitted January 26, 1988 plugging  
back to the Canyon.

I hereby certify that the information above is true and complete to the best of my knowledge and belief. 397-3571

SIGNATURE

*Ja. Heas*

TITLE

Hobbs Area Superintendent

DATE

3/10/89

TYPE OR PRINT NAME

TELEPHONE NO.

(This space for State Use)

Original Signed By

Mike Williams

APPROVED BY

TITLE

DATE

MAR 20 1989

CONDITIONS OF APPROVAL, IF ANY: