

OIL CONSERVATION DIVISION

P. O. BOX 2088

Form C-101
Revised 10-1-78

NO. OF COPIES RECEIVED	
DISTRICT	
SANTA FE	<input checked="" type="checkbox"/>
FILE	<input checked="" type="checkbox"/>
U.S.C.S.	
LAND OFFICE	
OPERATOR	<input checked="" type="checkbox"/>

SANTA FE, NEW MEXICO 87501

RECEIVED BY

OCT 28 1986

O. C. D.

3a. Indicate Type of Lease
State Fee

5. State Oil & Gas Lease No.
G-8794

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

OIL WELL GAS WELL OTHER

7. Unit Agreement Name

Name of Operator
Texaco Producing Inc.

8. Farm or Lease Name
Salt Mountain State ³⁶

Address of Operator
P. O. Box 728, Hobbs, NM88240

9. Well No.
2

Location of Well
UNIT LETTER E 330 FEET FROM THE South LINE AND 380 FEET FROM

10. Field and Pool, or Vicinity
Brushy Draw Del

THE West LINE, SECTION 36 TOWNSHIP 26S RANGE 29E NMPM.

12. County
Eddy

15. Elevation (Show whether DF, RT, GR, etc.)
2877' GR

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

FORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PERMANENTLY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input checked="" type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
REPAIR OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	

Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1503.

11 3/4", 42#, H-40, ST&C set @ 502'

- 1) Ran 77 jts (2979') 8 5/8", 32#, J-55, ST&C set @ 2989'.
- 2) Cemented w/900 sx CL "H" LW w/15#/sx salt & 1/4#/sx floseal. Tailed w/250 sx CL "H" w/1/4#/sx floseal. Circ. 200 sx to surface.
- 3) Tested csg w/1500# from 8:00 am to 8:30 am on 10/16/86. Tested ok. Job complete @ 8:30 a.m.

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

By Les A. Clements TITLE District Admin. Supervisor DATE 10/21/86

APPROVED BY Les A. Clements TITLE Supervisor District II DATE OCT 30 1986

CONDITIONS OF APPROVAL, IF ANY: