

Form No. 100
Successor to Form
OS 100 and OS-100
1-1-1970 Edition

FEDERAL BUREAU OF OIL CONSERVATION COMMISSION

DISTRIBUTION
SANTA FE
FULL
U.S.G.S.
LAND OFFICE
OPERATOR

Section Type: A B C

State: AL AR CA CO CT DC DE FL GA HI IA IL IN KS KY LA MA MD ME MI MN MO MS MT NC ND NH NJ NM NV NY OH OK OR PA RI SC SD TN TX UT VA VT WA WI WY

9-870

Unit Agreement Date: _____

Field Name: _____

New Mexico State

County: _____

Vacuum Grayburg

San Andres

Locality: _____

Lea

OUR DEPARTMENT'S AND REPORTS ON WELLS

1. OIL WELL GAS WELL

2. Name of Operator: **TEXACO Inc.**

3. Address of Operator: **P. O. Box 728 - Hobbs, New Mexico 88240**

4. Location of Well:

UNIT LETTER: **L** YEAR: **1980** FIELD NAME: **South** LINE AND: **660**

THE: **West** TOWNSHIP: **35** RANGE: **17-S** SECTION: **34-E**

5. Production (Show whether Oil, Gas, GR, etc.): **4012 Oil**

16. Check appropriate box to indicate Nature of Notice, Report or Other Data

NOTICE OF INTERFERENCE 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"/>	CONDUCE DRILLING OPERATIONS <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	FAILING TEST AND OTHER DATA <input type="checkbox"/>	OTHER <input type="checkbox"/>

Casing String Identification

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 1703.

- Risers installed on all casing strings with valves above ground and labeled for future identification.
- Inspected by N. E. Clegg.
- Casing Strings:

	<u>Size</u>	<u>Set At</u>	<u>Sxs. Cement Used</u>
	7-5/8"	1623'	300
	5-1/2"	4192'	200

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

SIGNED: _____ TITLE: **Asst. District Supt.** DATE: **3-25-76**

APPROVED BY: _____ TITLE: _____ DATE: _____

CONDITIONS OF APPROVAL, IF ANY: