

CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-

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DISTRIBUTION	
SANTA FE	
FILE	
U.S.O.S.	
LAND OFFICE	
OPERATOR	

30-025-28849

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.)

OIL WELL GAS WELL OTHER-

Name of Operator
 TEXACO Inc.

Address of Operator
 P. O. Box 728, Hobbs, New Mexico 88240

Location of Well
 UNIT LETTER H 1980 FEET FROM THE North LINE AND 988 FEET FROM
 THE East LINE, SECTION 12 TOWNSHIP 20-S RANGE 37-E NMPM.

7. Unit Agreement Name
 8. Farm or Lease Name
 C. H. Weir "A"
 9. Well No.
 15
 10. Field and Pool, or Wildcat
 Skaggs Drinkard
 12. County
 Lea

15. Elevation (Show whether DF, RT, GR, etc.)
 3559' (GR)

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"/>	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"/>	COMMENCE DRILLING OPNS. <input checked="" type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
WELL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input checked="" type="checkbox"/>	
		OTHER _____ <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 1103.

SPUD 17 1/2 " HOLE, 12:01 PM, 9-26-84
 TOTAL DEPTH 1453'

1. RAN 1443' (38 JTS) 13 3/8" OD 54.5# K-55 CSG AND SET @ 1453'.
2. CEMENTED W/1400 SX CLASS H CEMENT CONTAINING 2% CACL AND 1/4# FLOCELE PER SACK. CEMENT CIRCULATED. JOB COMPLETE 6:30 AM, 9-29-84. WOC IN EXCESS OF 18 HRS.
3. TESTED 13 3/8" CSG TO 1500# FOR 30 MINUTES, 10:00-10:30 AM, 9-30-84. TESTED OK. JOB COMPLETE 10:30 AM, 9-30-84.

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

SIGNED [Signature] TITLE District Operations Mgr DATE 10-4-84
 ORIGINAL SIGNED BY JERRY SEXTON
 DISTRICT I SUPERVISOR
 APPROVED BY _____ TITLE _____ DATE OCT 11 1984

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

OCT 10 1984

G.C.D.
HOBBS OFFICE