

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION

P. O. BOX 2988
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-79

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

5a. Indicate Type of Lease
State ☒ Fee ☐

5. State Oil & Gas Lease No.
B-9380

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 ☐	7. Unit Agreement Name -
Name of Operator TEXACO Inc.	8. Farm or Lease Name N.M. 'AQ' State NCT-5
Address of Operator P. O. Box 728, Hobbs, New Mexico 88240	9. Well No. 1
Location of Well UNIT LETTER A 660 FEET FROM THE North LINE AND 660 FEET FROM THE East LINE, SECTION 23 TOWNSHIP 10-S RANGE 33-E NMPM.	10. Field and Pool, or widest Inbe Permo Penn
15. Elevation (Show whether DF, RT, GR, etc.) 4217' (DF)	12. County Lea

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☒
FULL OR ALTER CASING ☐	OTHER ☐	CASING TEST AND CEMENT JOBS ☐	

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.

1. Rigged up.
2. Set CIBP in 4-1/2" csg @ 9000' & dump 3 sx cement on plug.
3. Cut and pull 4500' 4-1/2" csg.
4. Spot 50 sx cement plug 4526-4395'.
5. Spot 70 sx cement plug 4050-3870'.
6. Spot 40 sx cement plug 2000-1900'.
7. Cut and pull 800' 8-5/8" csg.
8. Spot 70 sx. cement plug 846-741'.
9. Spot 90 sx. cement plug 305-205'.
10. Spot 10 sx. cement plug @ surface.
11. Install Dry Hole Marker. Clean location.
12. Well P&A 9-6-80.

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

SIGNED *J. A. H. [Signature]* TITLE Asst. District Supt. DATE 9-12-80

APPROVED BY *[Signature]* TITLE Asst. District Supt. DATE 9-12-80

CONDITIONS OF APPROVAL, IF ANY: