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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

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|--|
| 5a. Indicate Type of Lease |
| State <input checked="" type="checkbox"/> Fee <input type="checkbox"/> |

5. State Oil & Gas Lease No.

E-1516-1

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.)

| | |
|--|---|
| 1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- <input type="checkbox"/> | 7. Unit Agreement Name |
| 2. Name of Operator TEXACO Inc. | 8. Farm or Lease Name New Mexico 'AR' State |
| 3. Address of Operator P.O. Box 728, Hobbs, New Mexico 88240 | 9. Well No. 3 |
| 4. Location of Well UNIT LETTER E 660 FEET FROM THE North LINE AND 990 FEET FROM THE West LINE, SECTION 2 TOWNSHIP 11-S RANGE 37-E NMPM. | 10. Field and Pool, or Wildcat Undesignated |
| 15. Elevation (Show whether DF, RT, GR, etc.) 3946' (GR) | 12. County Lea |

16.

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐
OTHER ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐
OTHER ☐

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☒
CASING TEST AND CEMENT JOB ☐
OTHER ☐

ALTERING CASING ☐
PLUG AND ABANDONMENT ☐
OTHER ☐

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 103.

TOTAL DEPTH 353'

Spudded 15" hole 6:00 AM April 3, 1970

Ran 337' (13 joints) 11-3/4" O.D. 42# H-40 Smls. casing and cemented at 353' w/350 ~~ex~~ Class 'C' Cement w/1% CaCl. Cement circulated. Plug at 329'. Job complete at 11:00 PM April 3, 1970.

Tested 11-3/4" O.D. casing w/1000# for 30 minutes from 8:15 AM to 8:45 AM April 5, 1970. Tested OK. Drilled out cement plug and re-tested w/1000# for 30 minutes from 9:15 AM to 9:45 AM April 5, 1970. Tested OK.

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

SIGNED *Jack Schuff* TITLE **Assistant District Superintendent** DATE **April 6, 1970**

APPROVED BY *Leslie A. Clements* TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: