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NEW MEXICO OIL CONSERVATION COMMISSION

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

SUNDARY NOTICES AND REPORTS ON WELLS DO NOT USE THIS FORM FOR NOTICES TO OIL OR GAS LEASES OR BACK TO A DIFFERENT RESERVOIR. USE THIS FORM FOR LEASES AND BACK TO A DIFFERENT RESERVOIR.		5a. Indicate Type of Lease State ☒ Fee ☐ 5. State Oil & Gas Lease No. B-9857
1. ☒ OIL WELL ☐ GAS WELL ☐ OTHER- 2. Name of Operator TEXACO Inc. 3. Address of Operator P. O. Box 728, Hobbs, New Mexico 88240 4. Location of Well UNIT LETTER P 660 FEET FROM THE South LINE AND 660 FEET FROM THE East LINE, SECTION 28 TOWNSHIP 14-S RANGE 33-E N.M.P.M.		7. Unit Agreement Name - 8. Farm or Lease Name N. M. 'BU' St. NCT-1 9. Well No. 2 10. Field and Pool, or Wildcat Saunders Permo Penn
15. Elevation (Show whether DF, RT, GR, etc.) 4218' (DF)		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 ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☒
PULL OR ALTER CASING ☐	OTHER ☐	CASING TEST AND CEMENT JOBS ☐	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 1103.

1. Rig Up. Install BOP. Pull Tubing.
2. Set cement retainer @ 7100'. Squeeze 5½" csg. w/75 sx. cement.
3. Cut 5½" csg @ 6922'. Pulled 219 Jts. 5½" csg.
4. Pump 500# Cotton Seed hulls & 200# wood fiber.
5. Spot following cement plugs:
 - 70 sx. from 6890'-6690' (200')
 - 50 sx. from 5637'-5487' (150')
 - 70 sx. from 4360'-4160' (200')
 - 35 sx. from 2235'-2135' (100')
 - 35 sx. from 1560'-1460' (100')
 - 10 sx. from 10'-Surface
6. Install dry hole marker & clean up. Well P & A, 10-11-76.

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

SIGNED [Signature] TITLE Asst. Dist. Supt. DATE 10-13-76

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: