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LAND OFFICE		
OPERATOR		

NEW MEXICO OIL CONSERVATION COMMISSION

APR 23 1 10 PM '67

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

5a. Indicate Type of Lease
State Fee

5. State Oil & Gas Lease No.
State - E-1027

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 GAS WELL OTHER-

2. Name of Operator
TEXACO Inc.

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

4. Location of Well
UNIT LETTER H 1980 FEET FROM THE North LINE AND 660 FEET FROM
THE East LINE, SECTION 14 TOWNSHIP 12-S RANGE 34-E NMPM.

7. Unit Agreement Name
NONE

8. Farm or Lease Name
N. M. "CZ" State

9. Well No.
2

10. Field and Pool, or Wildcat
Ranger Lake Penn.

15. Elevation (Show whether DF, RT, GR, etc.)
4152' (D. F.)

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 <input checked="" 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 type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER <input type="checkbox"/>

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 1708.

- We propose to do the following work on subject well:
1. Pull the pump equipment, and set retrievable bridge plug at 10,111'. Spot 20' sand on top of plug.
 2. Squeeze perforations 9973' to 10,011' with 150 Sx. Incon cement.
 3. Pull cementer, drill out plug & pull bridge plug.
 4. Re-run pump equipment, Test, and return well to production.

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

SIGNED WE Morgan TITLE Assistant District Supt. DATE April 18, 1967

W. E. Morgan

ED BY _____ TITLE _____ DATE _____

IONS OF APPROVAL, IF ANY: