

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-73

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SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease	
State <input checked="" type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. OG-1516	

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 <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- Water Disposal Well		7. Unit Agreement Name
Name of Operator TEXACO Inc.		8. Farm or Lease Name N.M. DM State NCT-1
Address of Operator P.O. Box 728, Hobbs, New Mexico 88240		9. Well No. SWD #1
Location of Well UNIT LETTER N 660 FEET FROM THE South LINE AND 1980 FEET FROM THE W LINE, SECTION 21 TOWNSHIP 13S RANGE 33E NMPM.		10. Field and Pool, or WHdcat Lacy J (Penn)
15. Elevation (Show whether DF, RT, CR, etc.) 4266 (DF)		12. County Lea

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

FORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PROBABLY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER Change packer <input checked="" 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.

MIRU. Pull tbg. Found hole. Pull and change packer. GIH with tubing and packer. Set 4 1/2 x 2 3/8 Baker LOC. Set packer at 8906'. Pump packer fluid to test back side. Held pressure. Well returned to SWD 9/10/85.

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

by <u>W.B. Cade</u>	TITLE <u>Dist. Opr. Mgr.</u>	DATE <u>5/3/85</u>
by <u>Eddie W. Seay</u>	TITLE <u>Oil & Gas Inspector</u>	DATE <u>MAY 9 1985</u>

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

MAY 8 1985

OFFICE
HOUSE OF REPRESENTATIVES