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LAND OFFICE	
OPERATOR	

C CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-7

5a. Indicate Type of Lease	
State <input checked="" type="checkbox"/> A	Fee <input type="checkbox"/>
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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		7. Unit Agreement Name
Name of Operator TEXACO Inc.		8. Farm or Lease Name N. M. 'AQ' St. NCT-11
Address of Operator P. O. Box 728, Hobbs, New Mexico 88240		9. Well No. 3
Location of Well UNIT LETTER <u>K</u> <u>1980</u> FEET FROM THE <u>South</u> LINE AND <u>1980</u> FEET FROM <u>West</u> <u>3</u> LINE, SECTION <u>14-S</u> TOWNSHIP <u>33-E</u> RANGE <u>33-E</u> NMPM.		10. Field and Pool, or Wildcat Lazy J Penn
15. Elevation (Show whether DF, RT, GR, etc.) 4225' (GR)		12. County Lea

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input 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 checked="" 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 checked="" type="checkbox"/>	

7. 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.

SPUD 17 1/2" HOLE, 7:00 PM, 9-1-84
TOTAL DEPTH 527'

1. RAN 512' (12 JTS) 13 3/8" OD 54.5# J-55 CSG AND SET @ 527'.
2. CEMENTED W/600 SX CLASS H CEMENT CONTAINING 2% CACL. CEMENT CIRCULATED. JOB COMPLETE 9:00 AM, 9-2-84. WOC IN EXCESS OF 18 HRS.
3. TESTED 13 3/8" CSG TO 600# FOR 30 MINUTES, 1:00-1:30 PM, 9-3-84. TESTED OK. JOB COMPLETE 1:30 PM, 9-3-84.

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

CWFO <u>J. H. Hoff</u>	TITLE <u>Asst Dist Mgr</u>	DATE <u>9-5-84</u>
ORIGINAL SIGNED BY JERRY SEXTON		
APPROVED BY <u>J. H. Hoff</u>	TITLE <u>DISTRICT SUPERVISOR</u>	DATE <u>9-5-84</u>
CONDITIONS OF APPROVAL, IF ANY:		

RECEIVED

SEP 5 1984

FROM
FEDERAL BUREAU OF INVESTIGATION