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OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

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 - 1" (FORM C-101) FOR SUCH PROPOSALS.)

OIL WELL <input checked="" type="checkbox"/> G.U.S. WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
Name of Operator Texaco Inc.		5. State Oil & Gas Lease No. B-9560
Address of Operator P.O. Box 728, Hobbs, NM 88240		7. Unit Agreement Name
Location of Well UNIT LETTER <u>C</u> <u>660</u> FEET FROM THE <u>North</u> LINE AND <u>2310</u> FEET FROM THE <u>West</u> LINE, SECTION <u>14</u> TOWNSHIP <u>14S</u> RANGE <u>33E</u> NMPM.		8. Farm or Lease Name New Mexico "BG" State
		9. Well No. <u>NCT-1</u> <u>9</u>
		10. Field and Pool, or Whidcat Saunders Permo Upper Penn
15. Elevation (Show whether OF, RT, GR, etc.) 4196' GR		12. County Lea

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

SPUDED 14 3/4" HOLE @ 7:30 A.M., 01/06/87

- 1) Ran 41 joints (1725') 11 3/4", 42#, H-40, ST&L casing set @ 1745'.
- 2) Cemented w/1500 sx CL "H" w/2% CaCl. Circulated 400 sx to surface.
- 3) Tested casing w/1000# from 10:30 a.m. to 11:00 a.m. on 01/08/87.
Tested ok. Job complete @ 11:00 a.m.

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

 CO W. B. Brown
 ORIGINAL SIGNED BY JERRY SEXTON
 DISTRICT I SUPERVISOR
TITLE District Administrative Sup.DATE 01/12/87

APPROVED BY _____

TITLE _____

DATE JAN 15 1987

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED
JAN 14 1987
OCD
HOBBS OFFICE