

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION

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

Form C-103
Revised 10-1-75

5a. Indicate Type of Lease
State ☒ Fee ☐
5. State Oil & Gas Lease No.
B-9560

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

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- 2. Name of Operator Texaco Inc. 3. Address of Operator PO Box 728, Hobbs, New Mexico 88240 4. Location of Well UNIT LETTER <u>0</u> . <u>990</u> FEET FROM THE <u>South</u> LINE AND <u>1980</u> FEET FROM THE <u>East</u> LINE, SECTION <u>14</u> TOWNSHIP <u>14-S</u> RANGE <u>33-E</u> NMPM. 15. Elevation (Show whether DF, RT, GR, etc.) 4187' GR	7. Unit Agreement Name 8. Farm or Lease Name NM "BG" State NCT-1 9. Well No. 10 10. Field and Pool, or Wldcat Saunders Permo Upper Penn 12. County Lea
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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 JOBS <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 1103.

- Spud 14 3/4" hole @ 8:00 AM, 03/10/87.
- Ran 41 jts. (1730') 11 3/4", 42#, H-40 8RS (1712') csg. set @ 1730'.
- Cmt. w/1500 sxs. class "H" 2% CaCl. Cir. 447 sxs. WOC 4 hrs.
- Tested csg. to 1000# from 7:30 PM to 8:00 PM, 03/12/87.
Test ok. Job complete @ 8:00 PM.

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

397-3571

SIGNED James A. Head

TITLE Hobbs Area Superintendent

DATE March 13, 1987

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

MAR 18 1987

APPROVED BY _____

TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY: