

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

Form C-103
Revised 10-1-

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

3a. Indicate Type of Lease
State ☒ Fee ☐
5. State Oil & Gas Lease No.
B-7896

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- Water Injection Well	7. Unit Agreement Name Lovington Paddock Unit
2. Name of Operator Texaco Producing Inc.	8. Form or Lease Name
3. Address of Operator P. O. Box 728, Hobbs, NM 88240	9. Well No. 36
4. Location of Well: UNIT LETTER 0 660 FEET FROM THE South LINE AND 2160 FEET FROM THE East LINE, SECTION 31 TOWNSHIP 16S RANGE 37E NMPM.	10. Field and Pool, or Vhidcat
11. Elevation (Show whether DF, RT, GR, etc.) 3816' DF	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 ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐	OTHER ☒ Repair Casing Leak	CASING TEST AND CEMENT JOB ☐	OTHER ☐

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.

- 1) MIRU. Install BOP.
- 2) Pull 2 3/8" IPC tubing and packer.
- 3) GIH w/4 3/4" bit and workstring. Tag TD and clean out to TD @ 6245 if necessary.
- 4) GIH w/RBP and packer.
- 5) Set RBP @ +6000'. Test to 500#.
- 6) Raise packer and locate casing leak.
- 7) Pull RBP and packer. Squeeze leak with CIBP and drillable cement retainer.
- 8) Drill out and test to 500#. Resqueeze if necessary.
- 9) Drill out CIBP.
- 10) TIH w/IPC tubing and packer. Test tbq in hole. Set pakcer at 6000'.
- 11) Acidize OH 6050-6245' w/2000 gal 20% NEFE acid. Mix 2 drums mutual solvent w/acid. (3 BPM, 2500#)
- 12) Swab back load.
- 13) Place on injection and obtain stabilized test.

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

SIGNED J. W. Browning TITLE District Admin. Supervisor DATE 03/21/86
ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT SUPERVISOR
APPROVED BY _____ TITLE _____ DATE APR 2 - 1986
CONDITIONS OF APPROVAL, IF ANY: