

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 10-1-73

30-025-27927

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5a. Indicate Type of Lease State <input type="checkbox"/> Fee <input checked="" type="checkbox"/>
2. Name of Operator TEXACO Inc.		5. State Oil & Gas Lease No. -
3. Address of Operator P. O. Box 728, Hobbs, New Mexico 88240		7. Unit Agreement Name -
4. Location of Well UNIT LETTER <u>H</u> , <u>1980</u> FEET FROM THE <u>North</u> LINE AND <u>660</u> FEET FROM THE <u>East</u> LINE, SECTION <u>33</u> TOWNSHIP <u>16-S</u> RANGE <u>37-E</u> NMPM.		8. Farm or Lease Name Lee Carter
		9. Well No. 1
		10. Field and Pool, or Wildcat Casey Strawn
15. Elevation (Show whether DF, RT, GR, etc.) 3778' (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 ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐
OTHER ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐
OTHER ☐

REMEDIATION WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOBS ☒
OTHER ☐

ALTERING CASING ☐
PLUG AND ABANDONMENT ☐
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.

TOTAL DEPTH 4800'
13 3/8" OD 48# H-40 CSG SET @ 377'

1. Ran 4785' (111 jts.) 8 5/8" OD 24# & 32# S-80 & K-55 CSG Y SET @ 4800'.
2. Cemented w/2400 sx LW Cement containing 15# Salt, 3# Gilsonite, & 1/4# Flocele per sack followed w/250 sx class 'H' Cement containing 1/4# Flocele per sack. Cement circulated. Job Complete 3:30 AM, 11-1-82. WOC 18 HRS.
3. TESTED 8 5/8" CSG to 1000# for 30 minutes, 9:30-10:00 PM, 11-1-82. Tested OK. Job complete 10:00 PM, 11-1-82.

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

SIGNED _____ TITLE Asst. Dist. Mgr. DATE 11-2-82

APPROVED BY ORIGINAL SIGNED BY

CONDITIONS OF APPROVAL ORIGINAL SUPR.

TITLE _____ DATE NOV 5 1982