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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

50. Indicate Type of Lease
State ☒ Fee ☐
51. State Oil & Gas Lease No.
B-1031

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR THE PURPOSES OF WELL CLOSURE, PLUG AND ABANDON, OR A DIFFERENT PURPOSE. USE APPLICATION FOR PERMIT TO PLUG AND ABANDON FOR SUCH PURPOSES.)

1. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER-	7. Unit Agreement Name -
2. Name of Operator TEXACO Inc.	8. Form of Lease Name New Mexico "AB" State
3. Address of Operator P. O. Box 728, Hobbs, New Mexico 88240	9. Well No. 1
4. Location of Well UNIT LETTER J 1980 South 2310 East LINE, SECTION 6 TOWNSHIP 18-S RANGE 35-E. NADP.	10. Plot on Map, or without Vacuum Grayburg-San Andre
11. Elevation (Show whether DF, RT, GR, etc.) 3975' GL	12. County Lea

13. 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 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 type="checkbox"/>	OTHER Casing string identification <input checked="" 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 1503.

1. Risers installed on all casing strings with valves above ground and labeled for future identification.

2. Inspected by N. E. Clegg.

3. Casing strings:	Size	Set at	No. sxs. cement used
	8-5/8"	1530	300
	5-1/2"	4070	200

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

SIGNED [Signature] TITLE Assistant Dist. Supt. DATE March 25, 1976

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: