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LAND OFFICE	
OPERATOR	

Form C-103
Supersedes OMI
C-102 and C-101
Effective 1-1-65

WELL COMPLETION

50. State Type of Lease	State ☒ Fee ☐
51. Leasehold & Co. Lease No.	R-1031
52. Unit Agreement Name	
53. Field or Lower Name	New Mexico "AB" State
54. Well No.	3
55. Field and Part of Well Seat	Yacum Abc Reef
56. County	Lea

SUNDARY NOTICES AND REPORTS ON WELLS
DO NOT USE THIS FORM FOR THE FOLLOWING: 1. TO REPORT ON A WELL THAT IS BEING PLUGGED BACK OR PLUGGED BACK AND REPERFORATED. 2. TO REPORT ON A WELL THAT IS BEING PLUGGED BACK AND REPERFORATED. 3. TO REPORT ON A WELL THAT IS BEING PLUGGED BACK AND REPERFORATED.

1. Well ☒ CAS. WELL ☐ OTHER
2. Name of Operator TEXACO Inc.
3. Address of Operator P.O. Box 728 Hobbs, New Mexico 80240
4. Location of Well UNIT LETTER 0 660 SOUTH 1980 THE East LINE, SECTION 6 TOWNSHIP 18-S RANGE 35-W
5. Elevation (Show whether DE, RT, GR, or L) 3970' GL

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK ☐	PERFORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐	COMMITTEE OR OTHER CORP. ☐
PULL OR ALTER CASING ☐	CASING TEST AND CEMENT JOB ☐
OTHER ☐	OTHER ☒ Casing String Identification ☒

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. 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. svs Cmt Used
	10 3/4"	343'	250
	7 5/8"	5104'	900
	4 1/2"	8856'	550

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

SIGNED [Signature] TITLE Assistant District Surt. DATE 3-25-76

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: