

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION

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

Form C-103
Revised 10-1-73

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease	
State <input checked="" type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.	
B-1031	

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"/>		7. Unit Agreement Name
2. Name of Operator		8. Farm or Lease Name
TEXACO Inc.		New Mexico 'AB' State
3. Address of Operator		9. Well No.
P. O. Box 728, Hobbs, New Mexico 88240		5
4. Location of Well		10. Field and Pool, or Wildcat
UNIT LETTER <u>J</u> , <u>1650</u> ¹⁸⁰⁰ FEET FROM THE <u>South</u> LINE AND <u>1650</u> FEET FROM		Vacuum Abo Reef
THE <u>East</u> LINE, SECTION <u>6</u> TOWNSHIP <u>18-S</u> RANGE <u>35-E</u> N.M.P.M.		
15. Elevation (Show whether DF, RT, GR, etc.)		12. County
3972' (GR)		Lea

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐
OTHER ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOBS ☐
OTHER Repair Water Flow ☒

ALTERING CASING ☐
PLUG AND ABANDONMENT ☐

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. Rigged up. Pull rods, pump & tubing.
2. Set RBP in Wolfcamp @ 1300' & abandoned Penn String @ 1300'.
3. Perforate abandoned Penn string W/2-JS @ 1100'.
4. Cement perfs. @ 1100' W/300 Sx. Class 'H' cement containing 2% CaCl.
Cement circulated. WOC. DOC. Test. Tested OK. Pull RBP's.
5. Install production equipment. Test & return to production. Comp. 6-22-81.

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

SIGNED [Signature] TITLE Asst. Dist. Mgr. DATE 6-25-81

APPROVED BY [Signature] TITLE DATE

CONDITIONS OF APPROVAL, IF ANY: