

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION

P. O. BOX 2083

SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

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

5a. Indicate Type of Lease State ☒ Fee ☐
5. State Oil & Gas Lease No. B-1306-1

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 - 1" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐	7. Unit Agreement Name -
2. Name of Operator TEXACO Inc.	8. Farm or Lease Name N.M. 'R' St. NCT-1
3. Address of Operator P. O. Box 728, Hobbs, New Mexico 88240	9. Well No. 9
4. Location of Well UNIT LETTER G 1650 FEET FROM THE North LINE AND 1980 FEET FROM THE East LINE, SECTION 6 TOWNSHIP 18-S RANGE 35-E N.M.P.M.	10. Field and Pool, or equivalent Vacuum Glorieta
11. Elevation (Show whether DF, RT, GR, etc.) 3983' (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 ☐	CASING TEST AND CEMENT JOB ☐	
OTHER _____		OTHER Repair Waterflow & Treat ☒	

13. 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 and pump. Install BOP. Pull tubing.
2. Back off & pulled from 1300'. Set inflatable BP @ 1270' & pkr. @ 1189'.
3. Squeezed 11-3/4" csg w/300 sx. Class 'C' cement containing 3% CaCl & 5# Gilsonite plus 1/4# Flocele per sx. WOC. DOC. Tested OK.
4. Screw back into tbg @ 1300' w/4 perfs @ 1295'. Set RBP @ 5000'.
5. Squeeze 11-3/4" - 2-7/8" csg annulus from 1300'-surface w/600 sx Class C cement containing 3% CaCl. WOC.
6. Squeeze perfs @ 1295' w/300 sx Class 'C' cement containing 8% CaCl & 75 bbls. Flocek. WOC. DOC. Tested OK.
7. Install pumping equipment. Test and place on production.

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

SIGNED *Joe Schuff* TITLE Asst. District Supt. DATE 9-12-80

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: