

From C-100
Superior, C-100
C-100 and C-100
Effective, C-100

5a. Indicate Type of Lease	
State ☒	Per ☐
5. State Oil & Gas Lease No.	
B-1306	
7. Unit Agreement Name	
8. Name of Lease Owner New York	
9. R1 NGL-1 State	
9. Well No.	
8	
10. Field and Pool or Well in	
Vacuum Morieta	
12. County	
Lea	

DO NOT USE THIS FORM FOR THE REPORTING OF OIL OR GAS FROM A DIFFERENT RESERVOIR.
USE APPLICATION FOR PERMIT TO TEST OR CABLE TEST FOR CLEGG 1045.1

SUNDAY NOTICES AND REPORTS ON WELLS

1. ☒ OIL WELL ☐ GAS WELL ☐ OTHER

2. Name of Operator
TEXACO Inc.

3. Address of Operator
P.O. Box 728 Hobbs, New Mexico 88240

4. Location of Well
UNIT LETTER A 330 1/2 FEET FROM THE North LINE AND 660 FEET FROM THE East LINE, SECTION 6 TOWNSHIP 18-S RANGE 35-E

5. Elevations (Show whether DE, RT, CR, etc.)
3973 GL

16. 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 OPER. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐		CASING TEST AND CEMENT JOB ☐	
OTHER _____ ☐		OTHER <u>Casing String Identification</u> ☒	

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 1f03.

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:	<u>Size</u>	<u>Set At</u>	<u>No. sxs Cmt Used</u>
	11 3/4"	1515'	1000
	2 7/8"	6850'	1100

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

NAME 12/1/76 TITLE Assistant District Sup. DATE 3-2-76

OWNED BY _____
REGISTERED OWNER'S SIGNATURE AND ADDRESS - PRINT NAME, STREET ADDRESS, CITY, STATE AND ZIP CODE - MAIL TO THIS OFFICE FOR RETURN OF COPIES.

TITLE: _____
THIS SPACE IS FOR THE TITLE OF THE PAPER OR ARTICLE BEING REPRODUCED IN FULL. IF THE ARTICLE IS A PART OF A LARGER WORK, GIVE THE TITLE OF THE WORK AND THE PAGE NUMBER OF THE ARTICLE.

DATE: _____
THE DATE WHEN THE ARTICLE WAS FIRST PUBLISHED.

ITIONS OF APPROVAL, IF ANY: