

OIL CONSERVATION DIVISION
P. O. BOX 2988
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" (FORM C-101) FOR SUCH PROPOSALS.)

OIL WELL GAS WELL OTHER **Water Disposal Well**
Name of Operator
Texaco, Inc.
Address of Operator
P.O. Box 728, Hobbs, New Mexico 88240
Location of Well
UNIT LETTER **B** **330** FEET FROM THE **North** LINE AND **1650** FEET FROM
THE **East** LINE, SECTION **2** TOWNSHIP **18-S** RANGE **34-E** N.M.P.M.

7. Unit Agreement Name
8. Form or Lease Name
New Mexico 'R' St. NCT-2
9. Well No.
5
10. Field and Pool, or Wildcat
San Yocuum GrayburgAndres
12. County
Lea

11. Elevation (Show whether DF, RT, GR, etc.)
4024' (DF)

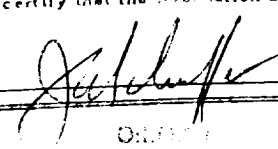
Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

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 checked="" type="checkbox"/> Set CIBP above Disposal Perfs.	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	OTHER <input 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 1103.

1. Rig up.
2. Set CIBP in 2 7/8" Csg. & set @ 5800' (above perfs. 5926'-5946')
3. Set CIBP in 2 7/8" Csg. & set @ 4900' (above perfs. 5020'-5480')
4. Load 2 7/8" Csg. w/inhibited water & shut well in, held for secondary recovery.

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

SIGNED  TITLE Asst. Dist. Mgr. DATE 2-18-82

APPROVED BY _____ TITLE _____ DATE FEB 22 1982

CONDITIONS OF APPROVAL, IF ANY: