

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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U.S.G.S.	
LAND OFFICE	
OPERATOR	

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-73

5a. Indicate Type of Lease	
State ☒	Fee ☐
5. State Oil & Gas Lease No.	
B-3930-1	

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.)

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐	7. Unit Agreement Name
2. Name of Operator	8. Farm or Lease Name
Texaco Inc.	Mt. AA St. NCT-4
3. Address of Operator	9. Well No.
P. O. Box 720, Hobbs, NM 86010	A
4. Location of well	10. Field and Pool, or Wildcat
UNIT LETTER A 401 FEET FROM THE East LINE AND 919 FEET FROM THE North LINE, SECTION 10 TOWNSHIP 18-S RANGE 34-E NMPM.	Vacuum APD Reef
15. Elevation (Show whether DF, RT, GR, etc.)	12. County
4015' (GR)	Lea

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 ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐

OTHER Repair Water Flow ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOB ☐

ALTERING CASING ☐
PLUG AND ABANDONMENT ☐

OTHER ☐

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. Pull rods & pump. Install BOP. Pull tubing.
2. Set PEP @ 4000'.
3. Perforate 5 1/2" csg. @ 1850'. Set cement retainer @ 1800'.
4. Cement perfs. @ 1850' w/400 sx. class 'H' cement & circulate. Squeeze w/addl. 150 sx. class 'H' cement. WOC. DOC. & Test. Pull RFP.
5. Run production equipment. Test & place on production.

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 Manager

DATE 7/16/81

APPROVED BY [Signature] TITLE

DATE JUL 20 1981

CONDITIONS OF APPROVAL, IF ANY: