

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-

NO. OF COPIES RECEIVED	
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-1606

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- 2. Name of Operator TEXACO Inc. 3. Address of Operator P. O. Box 728, Hobbs, New Mexico 88240 4. Location of Well UNIT LETTER L, 660 FEET FROM THE West LINE AND 1980 FEET FROM THE South LINE, SECTION 31 TOWNSHIP 17-S RANGE 35-E NMPM. 15. Elevation (Show whether DF, RT, GR, etc.) 3983' (GR)	7. Unit Agreement Name Central Vacuum Un 8. Farm or Lease Name Central Vacuum Un: 9. Well No. 76 10. Field and Pool, or Wildcat Vacuum Grayburg San Andres 12. County Lea
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Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

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

PLUG AND ABANDON ☐
CHANGE PLANS ☐

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOB ☐
OTHER Run Casing Liner ☒

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. Install BOP.
2. Set RBP @ 3900'. Isolate csg leak @ 1660'. Spot 2 sx sand on RBP.
3. Set Cement retainer @ 1600'. Cement to surface W/600 sx Class H Cement. WOC. DOC.
4. Retrieve RBP. Set CIBP in 4 1/2" Csg Liner @ 4013' & Spot cement on plug.
5. Run 5" csg Liner and set @ 3998'.
6. Cemented W/468 SX Class C Cement. Cement circulated. Squeeze addl 100 Sx Class H Cement down Csg. WOC. DOC. Test to 600# for 30 minutes, 6:00-6:30 AM, 11-15-84. Tested OK.
7. Install production equipment. Test & return to production.

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

SIGNED _____ TITLE Dist. Opr's. Mgr. DATE 1-17-85

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT 1 SUPERVISOR

APPROVED BY _____ TITLE _____ DATE JAN 23 1985

CONDITIONS OF APPROVAL, IF ANY: