

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-7

5a. Indicate Type of Lease	
State <input checked="" type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. B-9106	

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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- Water Injection		7. Unit Agreement Name West Lovington Unit
2. Name of Operator Texaco Producing Inc.		8. Farm or Lease Name West Lovington Unit
3. Address of Operator P.O. Box 728, Hobbs, New Mexico 88240		9. Well No. 62
4. Location of Well UNIT LETTER J 2970 FEET FROM THE North LINE AND 2310 FEET FROM THE East LINE, SECTION 8 TOWNSHIP 17S RANGE 36E N.M.P.M.		10. Field and Pool, or Wildcat Lovington San Andres West
15. Elevation (Show whether DF, RT, GR, etc.) 3900' GR		12. County Lea

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

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input checked="" type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOB <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. Pull tubing and packer.
2. Set CIBP at $\pm 4700'$.
3. Test casing to 500 psi.
4. Load hole w/inhibited water.
5. Shut well in.

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

SIGNED J. A. Head

TITLE Area Superintendent (397-3571) DATE March 16, 1987

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT 1 SUPERVISOR

APPROVED BY _____

TITLE _____

DATE MAR 23 1987

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

MAR 20 1987

OCD
HOFAS OFFICE