

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

Form C-103
Revised 10-1-79

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DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

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. <input type="checkbox"/> 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 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 East 8 17-S 36-E THE LINE, SECTION TOWNSHIP RANGE NMPM.	10. Field and Pool, or Wildcat Lovington San Andres West
15. Elevation (Show whether DF, RT, CR, etc.) 3900' (GR)	12. County Lea

16. 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 REPAIR WATER FLOW <input checked="" type="checkbox"/>	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. INSTALL BOP. PULL INJECTION TUBING AND PACKER.
2. RUN RBP AND PACKER AND LOCATE LEAK WHICH IS AT APPROMIMATELY 2050'.
3. SET RBP 10 JTS. BELOW LEAK AND CAP WITH SAND.
4. SET CEMENT RETAINER 100' ABOVE CASING LEAK. CEMENT W/ 500 GALS. FLOCHEX FOLLOWED WITH 250 SX. CLASS H CEMENT CONTAINING 2% CACL. WOC. DOC. TEST.
5. RETRIEVE RBP. RUN INJECTION TUBING AND PACKER. RETURN TO INJECTION.

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

SIGNED [Signature] TITLE Asst Dist Mgr. DATE 9-21-83

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

SEP 23 1983