STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

MO. OF COMIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	 1

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-103 - Revised 10-1-78

SANTA PE, NEW MEXICO 87501	
U.S.G.S.	5a. Indicate Type of Lease
LAND OFFICE	State X Fee
OPERATOR	5. State Oil & Gas Lease No.
	B-9106
CHAIDDY MOTICES AND DEDODES ON WELLS	
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL ON TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR.	
USE "APPLICATION FOR PERMIT ~" (FORM C-101) FOR SUCH PROPOSALS.)	7. Unit Agreement Name
ormen. Water Injection	
	West Lovington Unit
2. Name of Operator	8. Farm or Lease Name
TEXACO Inc.	West Lovington Unit
3. Address of Operator	9. Well No.
P. O. Box 728, Hobbs, New Meximo 88240	62
4. Location of Well	10. Field and Pool, or Wildcat
UNIT LETTER J 2970 FEET FROM THE NORTH LINE AND 2310 FEET FROM	Lovington San
UNIT LETTER _ J _ 2970' FEET FROM THE NOTED LINE AND 2310 FEET FROM	Andres West
THE East LINE, SECTION 8 TOWNSHIP 17-S HANGE 36-E NAMED.	
	VIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII
15. Elevation (Show whether DF, RT, GR, etc.)	12. County
3900' (GR)	Lea
Check Appropriate Box To Indicate Nature of Notice, Report or Otl	her Data
· · ·	T REPORT OF:
NOTICE OF INTERVIOR TO	
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON COMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING CASING TEST AND CEMENT JQB	
OTHER	U
OTHER Repair Water Flow	
17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including work) SEE RULE 1103.	estimatea date of starting any proposed
1. Rig up. Install BOP. Pull tubing & packer.	
2. Set RBP @ 4500' & dump 2 Sx. Sand on plug. Perforate	5 👌 " Csg W/2-JS @
2027'.	
3. Set cement retainer @ 1977'. Cement perfs @ 2027' W/40	00 Sx. Class
'H' Cement & circulate. Squeeze W/add'l. 200 Sx.	Class !H! Cement
WOC. DOC. Test.	stabb if concire.
4. Install injection equipment. Test & return to injection	·
4. Install injection equipment. Test & return to injectif	on.
·	
10 1 have been shed the information above in two and complete to the best of my broad-deeped belief	
18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
	0-
Asst. Dist. Mgr.	DATE 9-29-81
ACCIONALIO	
Grig. Sagned By	in the second of
APPROVED BY TITLE	DATE
trist 1, Sept.	
CONDITIONS OF APPROVAL, IF ANY: "" "	