

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

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.

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 <u>Injection</u>	7. Unit Agreement Name
2. Name of Operator Texaco Producing Inc.	8. Farm or Lease Name Lovington Paddock Unit
3. Address of Operator P. O. Box 728, Hobbs, New Mexico 88240	9. Well No. 68
4. Location of Well UNIT LETTER <u>K</u> <u>1980</u> FEET FROM THE <u>South</u> LINE AND <u>1890</u> FEET FROM THE <u>West</u> LINE, SECTION <u>6</u> TOWNSHIP <u>17-S</u> RANGE <u>37-E</u> NMPM.	10. Field and Pool, or Wildcat Lovington Paddock
15. Elevation (Show whether DF, RT, GR, etc.) 3818' DF	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"/>	REMEDIAL WORK <input checked="" type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>
OTHER <input type="checkbox"/>	OTHER <input type="checkbox"/>
PLUG AND ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
CHANGE PLANS <input type="checkbox"/>	PLUG AND ABANDONMENT <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.

- MIRU. TOH with tubing and packer.
- Set CIBP at 6100'. Cap with 10 sxs cement. PBTB at 6061'.
- Test casing to 600#.
- Circulate 5 1/2" casing with inhibited fresh water.
- Test casing to 500# for 30 min.
- Shut well in 03/37/87.

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

SIGNED J. A. Healy TITLE Hobbs Area Superintendent DATE May 18, 1987

APPROVED BY JERRY SEXTON DISTRICT I SUPERVISOR TITLE _____ DATE MAY 20 1987

CONDITIONS OF APPROVAL, IF ANY:

Excess 6-1-88

HCBBS OFFICE
MAY 19 1987
RECEIVED