

NAME OF COMPANY	
DISTRIBUTION	
SANITARY	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

DEVONIAN CO. OF TEX.

Form O-103
Supersedes O-1
O-102 and O-105
Effective 1-1-65

10. Indicate Type of Lease
State ☒ Other ☐
11. State Oil & Gas Lease No.
B-11

1. Indicate Type of Well ☒ Oil ☐ Gas ☐ 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 H 760 TOWNSHIP South 2000
Twp West 36 17-S 34-E
15. Elevation (Show whether DF, KT, CR, etc.)
3997 GL
12. County
Lea

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO:
PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐ REMEDIAL WORK ☐ ALTERING CASING ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐ COMMENCE DRILLING OPER. ☐ PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐ OTHER ☐ Casing String Identification ☒
OTHER ☐

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.

- Risers installed on all casing strings with valves above ground and labeled for future identification.
- Inspected by N. E. Clegg.
- Casing Strings:

Size	Set At	Sxs. Cement Used
16" & 13-3/8"	1612'	1200
11-3/4" & 9-5/8"	4750'	1700
3-1/2"	12,082'	1325

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

SIGNED N. E. Clegg TITLE Asst. District Supt. DATE 3-25-76

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: