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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease	
State <input checked="" type="checkbox"/>	Fee <input type="checkbox"/>
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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- Dry hole		7. Unit Agreement Name
2. Name of Operator Tesoro Petroleum Corporation		8. Farm or Lease Name Scharb "2" State
3. Address of Operator 8520 Crownhill Boulevard, San Antonio, Texas 78209		9. Well No. 1
4. Location of Well UNIT LETTER <u> / </u> <u>660</u> FEET FROM THE <u>south</u> LINE AND <u>660</u> FEET FROM THE <u>west</u> LINE, SECTION <u>2</u> TOWNSHIP <u>19-S</u> RANGE <u>34-E</u> NMPM.		10. Field and Pool, or Wildcat Wildcat
15. Elevation (Show whether DF, RT, GR, etc.) 3983' GR, 3995' KB		12. County Lea

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐
OTHER ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOB ☒
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.

Set 8-5/8" protection casing at 4050'

- (1) Ran 4050' of 8-5/8" casing - 24# and 32#, K-55.
- (2) Cemented with 380 sacks 50-50 Poz and 150 sacks of Class "C" cement. Top cement 2000'.
- (3) Tested to 1000 psi for 30 minutes. Casing held.
- (4) Well plugged and abandoned.

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

SIGNED N. W. Hinze N. W. Hinze TITLE Engineer DATE January 5, 1972

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: