STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

	 11416
88. 87 EBPIES ACCEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.1.0.1.	
LAND OFFICE	
OPPRATOR	

OIL CONSERVATION DIVISION P. O. BOX 2088

Form C-103

SANTA FE	SANTA	FF NEW	MEXICO 87501			Revised 10-1-78
FILE			MEXICO 37301	۲	5a. Indicate Typ	e of Lease
U.B.O.S.					State Se	Foe
OPERATOR				ľ	5. State Oil & G	as Lease No.
					B-2146	
SUNDR'	Y NOTICES AND REF	ORTS ON	WELLS			
USE "APPEICALL	ION FOR PERMIT -" (FORM C-	101) FOR SUC	ACK TO A DIFFERENT RESERVOIR H PROPOSALS, }		77777777	
1. OIL SAB	₩a.	ter Tn	jection	1	7. Unit Agreeme	
2. Name of Operator	CYHER: WEL	061 111	Jec cron		8. Form or Leas	Vacuum Unit
TEXACO Inc.					Central	Vacuum Unit
3. Address of Operator					9. Well No.	
P. O.Box 728, Ho	obbs, New Mexic	co 882	240		9	31
4. Location of Well					10. Field and Pa	
UNIT LETTER	332 FEET FROM THE	South	LINE AND	FEET FROM	San Andr	rauburg -
THE West LINE, SECTIO	36	179	2/I_F			
THE HEDD LINE, SECTIO	NTOWNSH	15 T (1)	MANGE	MMPM.		
	15. Elevation (S.	how whether	DF, RT, GR, etc.)		12. County	
		39981	(GR)		Lea	<u> </u>
Check A	Appropriate Box To I	ndicate N	ature of Notice, Repo	rt or Othe	r Data	
NOTICE OF IN	TENTION TO:		SUBS	EQUENT	REPORT OF	:
\Box		;		<u></u>		
PERFORM REMEDIAL WORK	PLUG AND A	BANDON	REMEDIAL WORK			RING CASING
PULL OR ALTER CASING	CHANGE PLA		COMMENCE DRILLING OPNS. CASING TEST AND CEMENT JOS	. x	PLUG	AND ABANDONMENT
POLL ON ALTER CASING	CHARGE PEA	اللب ا	OTHER			
OTHER						
						
17. Describe Proposed or Completed Operator work) SEE RULE 1603.	erations (Clearly state all)			, including e	stimated date of	starting any proposed
	12 2 //	TOTAL	DEPTH 1500' 8# H-40 csg. Se	- + 2 =	· c ,	
	13 3/0	ר עט כ	of n-40 csg. Se	まし ⊚ 35	' ク'	
1. Ran 1488' (3	5 Jts.) 9 5/8'	" OD 32	# K-55 csg & se	et @ 15	i00 ! .	
2. Cemented w/8	00 sx. Class	'C' cem	# K-55 csg & se ment. Cement cir	rculate	d. Job	complete
8:00 AM.,	3-6-79. WOC	18 hrs				_
3. Tested 9 5/8	" OD Csg w/lo	00# for	30 minutes, 3:	:00 - 3	:30 AM,	3-7-79.
Tested OK	. Job complet	te 3:30	AM, 3-7-79.			
			,			
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			•			
			•			
18.1 hereby certify that the information	shove is true and complete	to the best o	f my knowledge and belief.			
BIGHED / STATE OF THE STATE OF		TITLE ASS	t. Dist. Supt.		DATE 3	-7-79
O-in (Signed N					
	Sexton				MARIN	3 19 /9
APPROVED BYDist]	Supv	TITLE			DAYE .	<u> </u>
CONDITIONS OF APPROVAL, IF ANY	,					