

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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

Form C-103  
Revised 10-1-7

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease  
State ☒ For ☐

5. State Oil & Gas Lease No.  
B-1565

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 TO DRILL" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator Texaco Incorporated Producing Inc.	8. Farm or Lease Name New Mexico "BM" State
3. Address of Operator P.O. Box 728, Hobbs, New Mexico 88240	9. Well No. 1
4. Location of Well UNIT LETTER O 330 FEET FROM THE South LINE AND 1652 FEET FROM THE East LINE, SECTION 16 TOWNSHIP 17-S RANGE 36-E NMPM.	10. Field and Pool, or Wildcat Double A Abo Lower
15. Elevation (Show whether DF, RT, GR, etc.) 3858' GR	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 JOBS ☐

OTHER Completion ☒

ALTERING CASING ☐

PLUG AND ABANDONMENT ☐

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.

TOTAL DEPTH 9461'  
11 3/4", 42#, H-40, ST&C casing set @ 407'  
8 5/8", 32#, J-55, LT&C casing set @ 4200'  
5 1/2", 17#, K-55 & L-80, LT&C casing set @ 9461'

- Logs: GR/DLL/MSFL w/caliper 4200'-9461'  
GR/CNL/LDT w/caliper 4200'-9461'  
GR/CBL/CCL from 9400'-7400'
- Perforated 5 1/2" casing w/l JSPI from 9282' to 9342' (61 holes).  
Acidized with 15,000 Gals of 20% Gelled NEFE.
- Tested well.

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

SIGNED J. A. Head

TITLE Area Superintendent

DATE 02-13-87

ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR

APPROVED BY \_\_\_\_\_

TITLE \_\_\_\_\_

DATE 5-1-87

CONDITIONS OF APPROVAL, IF ANY: