STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

MO. OF COPICS ACCCIVED	T	
DISTRIBUTION		
BANTA FE		
FILE		
U.F.G.S.	_	
LAND OFFICE		
OPERATOR	1	1

OIL CONSERVATION DIVISION

DISTRIBUTION P. O. BOX 2088	Form C-103 Revised 10-1-78
SANTA FE, NEW MEXICO 87501	
U.S.O.S.	5a. Indicate Type of Lease
LAND OFFICE	State X Fee 5, State Oil & Gas Lease No.
OPERATOR	B-2052
DEPOSITE OF THE PERSON OF THE	
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL ON TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)	
USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)	7. Unit Agreement Name
OIL X GAS WELL OTHER	
. Name of Operator	8. Farm or Lease Name
TEXACO INC.	New Mexico 'G' State
3. Address of Operator	3, 1101
P. O. Box 728, Hobbs, New Mexico 88240	10. Field and Pool, or Wildcat
I, Location of Well WHIT LETTER M 660 FEET FROM THE WEST LINE AND 660 FEET F	Eunice Monument
UNIT LETTER M 660 FEET FROM THE WEST LINE AND 660 FEET F	
South Line, SECTION 19 TOWNSHIP 19-8 RANGE 37-E NO	LIPAC ANNIHILIMINA
	<u> </u>
15. Elevation (Show whether DF, RT, GR, etc.)	12. County
3691' (DF)	Lea
Check Appropriate Box To Indicate Nature of Notice, Report or	Other Data
NOTICE OF INTENTION TO: SUBSEQU	ENT REPORT OF:
PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING
The same same same same same same same sam	PLUG AND ABANDONMENT
PULL OR ALTER CASING CHANGE PLANS CASING TEST AND CEMENT JQB	
OTHER Plug Back in	Same Zone X
OTHER	
17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, inclu	iding estimated date of starting any proposed
work) SEE RULE 1103.	
1. Rigged up. Pulled rods and pump. Install BOP.	
2. Spot 10.5 SX Class 'H' Cement containing 2% CACL at total depth	and fump 11 sx sand .
on top of cement. Top of sand @ 3961'. Clean out sand.	
3. Spot cement plug from 3948'-3936'. 4. Install pumping equipment. Test and return to production	
4. Install pumpant equipment. Test and return to production	
18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
1 / K. X.	9 9 9
Asst. Dist. Mgr.	DATE OMZMOH
	AUG - 6 1984
APPROVED BY ORIGINAL SIGNED BY JERRY SEXTON TITLE	DATE
CONDITIONS OF APPRISTRICT SUPERVISOR	
CONDITIONS OF APPROVACE IF AND	

AUG - 3 1984