

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

Form O-103
Revised 10-1-

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DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

1. Indicate Type of Lease
State ☐ Fee ☒
2. State Oil & Gas Lease No.

SUMMARY 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 O-100) FOR SUCH PROPOSALS.)

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐	7. Unit Agreement Name
2. Name of Operator Texaco Producing Inc.	8. Name of Lease Name J. R. Phillips
3. Address of Operator PO Box 728, Hobbs, New Mexico 88240	9. Well No. 4
4. Location of Well UNIT LETTER <u>F</u> <u>1980</u> FEET FROM THE <u>North</u> LINE AND <u>1980</u> FEET FROM THE <u>West</u> LINE, SECTION <u>6</u> TOWNSHIP <u>20S</u> RANGE <u>37E</u> N.M.P.M.	10. Field and Pool, or Wildcat Eunice Monument Gravburg-San Andre
11. Elevation (Show whether DF, RT, GR, etc.) 3577' DF	12. County Lea

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐	OTHER ☐	CASING TEST AND CEMENT JOBS ☐	OTHER <u>Temporary Abandonment</u> ☒

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.

- 1) MIRU pulling unit. TOH with rods and pump. TOH with tubing.
- 2) Set 7" CIBP at 3373'. Dump 6 sxs. cement (35') on CIBP. PBTD 3343'.
- 3) Run tubing to 3320'. Circulated inhibited water. TOH with tubing. RDPV.
- 4) Well classified TA (TR-O) effective 4/29/88.

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

397-3571

SIGNED Jerry Sexton TITLE Hobbs Area Superintendent DATE 5/26/88

ORIGINAL SIGNED BY JERRY SEXTON

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: