| NO. OF COPIES RECEIVED                        |  | Form C-103                                |
|---|--|---|
| DISTRIBUTION                                  |  | Supersedes Old<br>C-102 and C-103         |
| SANTA FE                                      | NEW MEXICO OIL CONSERVATION COMMISSION   | Effective 1-1-65                          |
| FILE  |  | ,   |
| U.S.G.S.                                      |  | 5a. Indicate Type of Lease                |
| LAND OFFICE                                   |  | State X Fee                               |
| OPERATOR                                      |  | 5. State Oil & Gas Lease No.              |
|   |  | E-1731                                    |
| SUN<br>(DO NOT USE THIS FORM FOR<br>USE "APPL | IDRY NOTICES AND REPORTS ON WELLS  PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR.  ICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)   |   |
| OIL GAS WELL X                                | OTHER-   | 7. Unit Agreement Name                    |
| 2. Name of Operator                           |  | 8. Farm or Lease Name                     |
| TEXACO  | na   | Naw Mexico "CU" State                     |
| 3. Address of Operator                        | liti-  | 9. Well No. Gas Com.                      |
| <b>D</b> 0 B                                  | y 700 Mahha May Mayina 00040   | 1   |
| 4. Location of Well                           | x 728, Hobbs, New Mexico 88240   | 10. Field and Pool, or Wildcat            |
| UNIT LETTER                                   | 1980 FEET FROM THE North LINE AND 1980 FEET FROM   | Undesignated                              |
| 1./ A.  | 01 60  |   |
| THE WEST LINE, S                              | ECTION 31 TOWNSHIP 20-S RANGE 36-E NMPM  |   |
|   | 15. Elevation (Show whether DF, RT, GR, etc.)  | 12. County                                |
|   | 3658' (D.F.)   | Lea                                       |
| 16. Cha                                       | ck Appropriate Box To Indicate Nature of Notice, Report or Ot  | ther Data                                 |
|   | ·  | T REPORT OF:                              |
|   |  |   |
| PERFORM REMED!AL WORK                         | PLUG AND ABANDON REMEDIAL WORK   | ALTERING CASING                           |
| TEMPORARILY ABANDON                           | COMMENCE DRILLING OPNS.  | PLUG AND ABANDONMENT                      |
| PULL OR ALTER CASING                          | CHANGE PLANS CASING TEST AND CEMENT JOB  | - Fr                                      |
|   | OTHER  |   |
| OTHER   |  |   |
| 17 Describe Proposed of Complete              | d Operations (Clearly state all pertinent details, and give pertinent dates, includin  | e estimated date of starting any proposed |
| work) SEE RULE 1103.                          | 2 Operations   0 to 1 to   | ,   |
|   | TOTAL DEPTH 5344   |   |
|   | TOTAL BEITH 3544   |   |
|   | 11 3/4" O.D. 23.72# & 40# Casing set @ 359   | t   |
|   |  |   |
| Ran 5327                                      | (110 Jts.) 8 5/8" O.D. 32# & 36# Smls. Casing and  | d Cemented                                |
| @ 5343° w/                                    | 300 Sx. TLW Cement containing 7.5# salt per sack   | and 200 Sx. Class                         |
|   | containing 10# salt per sack. Plug @ 5301.   |   |
| Job Comple                                    | te 3:45 P. M., October 4, 1969.  |   |
|   | •  |   |
| Tested 8 5                                    | /8" O.D. Casing w/1500# for 30 minutes from 3:00   | to 3:30 A. M.,                            |
|   | 1969. Tested O. K. Drilled out cement plug and r   |   |
| 30 minutes                                    | w/1500# from 4:00 to 4:30 A. M., October 6, 1969.  | . Tested O. K.                            |
| Job Comple                                    | te 4:30 A. M., October 6, 1969.  |   |
|   |  |   |
|   |  |   |
|   |  |   |
|   |  |   |
|   |  |   |
| 10. I hereby contifu that the inform          | ation above is true and complete to the best of my knowledge and belief.   |   |
| 10. I nereby certify that the inform          |  |   |
| JAA 1 11-                                     | Assistant District   | DATE October 6. 1969                      |
| SIGNED  | TITLE Superintendent   | DATE_OCTODEL. 0 TARA                      |
|   | Je Maria de la Maria della Mar |   |

CONDITIONS OF APPROVAL, IF ANY: