

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

Form C-103
Revised 10-1-77

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

5a. Indicate Type of Lease
State ☒ Fee ☐
5. State Oil & Gas Lease No.
B-1961-1

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

OIL WELL ☒ GAS WELL ☐ OTHER-
Name of Operator
TEXACO Inc.
Address of Operator
P. O. Box 728, Hobbs, New Mexico 88240
Location of Well
UNIT LETTER F 1980 FEET FROM THE North LINE AND 2310 FEET FROM
West 24 LINE, SECTION 19-S TOWNSHIP 36-E RANGE NMPM.
15. Elevation (Show whether DF, RT, GR, etc.)
3711' (GR)
12. County
Lea

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

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 JOB ☒
OTHER ☐

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 4050'
8 5/8" OD 24# J-55 CSG SET @ 400'

1. RAN 4039' (97 JTS) 5 1/2" OD 15.5# K-55 CSG AND SET @ 4050'.
2. CEMENTED 1ST STAGE W/300 SX 50/50 POZMIX-CLASS H CEMENT CONTAINING 1/4# FLOCELE PER SACK.
3. WITH DV TOOL OPEN @ 2527' CEMENTED 2ND STAGE W/600 SX HLW CEMENT CONTAINING 15# SALT AND 1/4# FLOCELE PER SACK. CEMENT CIRCULATED. JOB COMPLETE 11:30 PM, 9-22-84. WOC IN EXCESS OF 18 HRS.
4. TEST 5 1/2" CASING TO 1500# FOR 30 MINUTES, 5:00-5:30 PM, 9-25-84. TESTED OK. JOB COMPLETE 5:30 PM, 9-25-84.

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

BY [Signature] TITLE Asst. Dist. Mgr. DATE 10-2-84

APPROVED BY ORIGINAL SIGNED BY FIELD SECTION TITLE DISTRICT SUPERVISOR DATE OCT - 4 1984
CONDITIONS OF APPROVAL, IF ANY: