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

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

Form C-103
Revised 10-1-78

5a. Indicate Type of Lease	
State <input checked="" type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.	

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.)

1. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER		7. Unit Agreement Name	
2. Name of Operator Texaco Inc.		8. Farm or Lease Name New Mexico "F" State	
3. Address of Operator P.O. Box 728, Hobbs, NM 88240		9. Well No. 3	
4. Location of Well UNIT LETTER <u>P</u> <u>330</u> FEET FROM THE <u>South</u> LINE AND <u>330</u> FEET FROM THE <u>East</u> LINE, SECTION <u>24</u> TOWNSHIP <u>19S</u> RANGE <u>36E</u> NMPM.		10. Field and Pool, or WHCOT Eunice Monument (G-SA)	
15. Elevation (Show whether OF, RT, GR, etc.) 3692' GR		12. County Lea	

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

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOB <input checked="" type="checkbox"/>	OTHER <input type="checkbox"/>

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.

SPUDED 12 1/4" Hole, 5:00 p.m., 08/17/86
TOTAL DEPTH 415'

- 1) Ran 10 joints (402') 8 5/8", 24#, K-55, ST&C. Set @ 415'.
- 2) Cemented w/400 sx Class "H" w/2% CACL & 1/4#/sx flocele. Circulated 50 sx to surface.
- 3) Tested casing to 1000# from 10:00 p.m. to 10:30 p.m. Tested OK. Job complete @ 10:30 P.M.

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

SIGNED J. W. Browning

TITLE District Admin. Supervisor

DATE 08/26/86

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____

TITLE _____

DATE SEP 8 1986

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED
SEP 5 1986
O.C.D.
HOBBS OFFICE