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NEW MEXICO OIL CONSERVATION COMMISSION

Form 1-74
Revised 4-74
Oil and Gas
Division 1-74

SUNDRY NOTICES AND REPORTS ON WELLS

DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN A WELL OR TO A DIFFERENT DEPTH.
USE "APPLICATION FOR PERMIT" (FORM NO. 10) FOR SUCH PROPOSALS.

<input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER-		7. Date Agreement Signed
1. Name of Operator TEXACO INC.		8. Name of Lease Owner C. H. Weir "B"
2. Address of Operator P. O. Box 728 - Hobbs, New Mexico 88240		9. Well No. #1
3. Location of Well UNIT LETTER H 1984 FEET FROM THE North LINE AND 660 FEET FROM THE East LINE, SECTION 11 TOWNSHIP 20-S RANGE 37-E NMPM.		10. Field No. Pool, or Willport Skaggs Glorieta
15. Elevation (Show whether DF, RT, GR, etc.) 3590' DF		11. County Lea

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

SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> OTHER <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/> COMMENCE DRILLING OPER. <input type="checkbox"/> CASING TEST AND CEMENT JOBS <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Abandon Glorieta Zone	ALTERING TYPING <input type="checkbox"/> PLUG AND ABANDONMENT <input type="checkbox"/>
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17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent data that is not otherwise available. If any proposed work) SEE RULE 1103.

1. Rig up.
2. Squeeze Glorieta perforations 5266'-5310' w/150 sx Class C cement w/2% CaCl. Job complete 4-30-74.
3. Skaggs Glorieta Zone abandoned 5-1-74.
4. C-103, 5-2-74, approved by NMOCC 5-3-74, was a Notice of Intention To: Dually complete by recompletion from Skaggs Glorieta to Monument Tubb.
5. Tubb Zone was never completed due to junk in the hole.
6. Well is completed as a single in Skaggs Drinkard.

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

SIGNED [Signature] TITLE **Asst. District Superintendent**
 APPROVED BY [Signature] TITLE **Asst. District Superintendent**
 CONDITIONS OF APPROVAL, IF ANY:

8/8/75