

NEW MEXICO OIL CONSERVATION COMMISSION

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LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease	
State <input type="checkbox"/>	Fee <input checked="" 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. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER-	7. Unit Agreement Name
2. Name of Operator <b>TEXACO Inc.</b>	8. Farm or Lease Name <b>C. H. Weir 'B'</b>
3. Address of Operator <b>P. O. Box 728, Hobbs, New Mexico 88240</b>	9. Well No. <b>4</b>
4. Location of Well UNIT LETTER <b>I</b> <b>2044</b> FEET FROM THE <b>South</b> LINE AND <b>660</b> FEET FROM THE <b>East</b> LINE, SECTION <b>11</b> TOWNSHIP <b>20-S</b> RANGE <b>37-E</b> NMPM.	10. Field and Pool, or Wildcat <b>Eumont</b>
15. Elevation (Show whether DF, RT, GR, etc.) <b>3591' DF</b>	12. County <b>Lea</b>

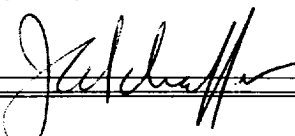
Check Appropriate Box To Indicate Nature of Notice, Report or Other Data  
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER <b>Abandon Eumont Zone</b> <input checked="" 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.

1. Squeezed perforations 3620-3684' w/50 sx. Class C cement w/1% D-19 followed by 100 sx. Class C cement to 1500#. Reversed out 5 sx. Completed 2:30 P.M. 10-12-73. Recompleted in Weir Tubb East.

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

SIGNED 	TITLE <b>Asst. Dist. Supt.</b>	DATE <b>11-29-73</b>
APPROVED BY	TITLE	DATE
CONDITIONS OF APPROVAL, IF ANY:		