

NEW MEXICO OIL CONSERVATION COMMISSION

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LAND OFFICE		
OPERATOR		

50. Indicate Type of Lease
State ☐ Fee ☒
51. State Oil & Gas Lease No.
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SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR THE PURPOSES OF A WELL OR TO CURE A WELL FROM A DIFFERENT RESERVOIR.
USE APPLICATION FOR PERMIT TO DRILL (C-101) FOR SUCH PURPOSES.)

1. ☒ OIL WELL ☐ GAS WELL ☐ OTHER	7. Unit Agreement Name Skaons Grayburg Unit
2. Name of Operator TEXACO INC.	8. Form of Lease Name Skaons Grayburg Unit
3. Address of Operator P. O. Box 728 - Hobbs, New Mexico 88240	9. Well No. 1 6
4. Location of Well UNIT LETTER <u>N</u> <u>660</u> FEET FROM THE <u>South</u> LINE AND <u>1980</u> FEET FROM THE <u>West</u> LINE, SECTION <u>12</u> TOWNSHIP <u>20-S</u> RANGE <u>37-E</u> N.M.P.M.	10. Field and Pool, or Wildcat Skaons Grayburg
15. Elevation (Show whether DF, RT, CR, etc.) 3580' DF	12. County Lea

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

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 ☒ Repair casing leak	CASING TEST AND CEMENT JOB ☐	OTHER ☐

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. Rig up, pull production equipment, install BOP.
2. Check for casing leak.
3. Run bond log to locate poorly cemented intervals.
4. Select intervals from bond log to perforate.
5. After perforating, RIH with 5½" squeeze retainer.
6. Set retainer, run packer, and establish circulation.
7. Cement with 1000 sacks* Halliburton light cement mixed 12.4 lb/gal with 9.2 lb/gal commercial brine.
8. If cement shows to surface follow step 7 with 200 sacks* Class 'C' cement 2% CaCl mixed with fresh water.
9. Run temperature log and evaluate.
10. If necessary repeat steps 5-8 to obtain optimum cement bond.

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

SIGNED <u>[Signature]</u>	TITLE <u>Asst. Dist. Supt.</u>	DATE <u>April 9, 1976</u>
APPROVED BY <u>[Signature]</u>	TITLE <u>[Signature]</u>	DATE <u>[Signature]</u>
CONDITIONS OF APPROVAL, IF ANY:		