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J.S.G.S.	
LAND OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103, C.
Effective 1-1-65

4. 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.)

Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	Other <input type="checkbox"/>
7. Name of Operator		
TEXACO Inc.		
8. Address of Operator		
P. O. Box 728, Hobbs, New Mexico 88240		
9. Location of Well		
UNIT LETTER	N	660
		South
		1980
		FEET FROM THE
		LINE AND
		FEET FROM
THE	West	12
		TOWNSHIP
		20-S
		RANGE
		37-E
		NMPM.

7. Unit Agreement Name
Skaggs Grayburg Unit
8. Name of Lease Holder
Skaggs Grayburg Unit
9. Well No.
6
10. Field and Pool, or Wildcat
Skaggs Grayburg

11. Elevation (Show whether DF, RT, GR, etc.)	12. County
3580' (D. F.)	Lea

16. 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 checked="" 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 <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.

TEXACO HAS COMPLETED THE FOLLOWING WORK ON SUBJECT WELL:

1. Pulled production rods and pump.
2. Pumped 1500 gals 15% HCL acid down 2 3/8" tubing followed by 30 bbls. fresh water.
3. Test and return well to production.

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

SIGNED [Signature] TITLE District Accountant DATE January 23, 1969

APPROVED BY [Signature] TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: