

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-73

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILZ	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease
State ☐ Fee ☒

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 ☒ GAS WELL ☐ OTHER ☐

Name of Operator
TEXACO INC.

Address of Operator
P. O. BOX 728, HOBBS, NEW MEXICO 88240

Location of Well
UNIT LETTER M, 660 FEET FROM THE SOUTH LINE AND 825 FEET FROM THE WEST LINE, SECTION 12, TOWNSHIP 20-S, RANGE 37-E, NMPM.

7. Unit Agreement Name

8. Farm or Lease Name
M. B. WEIR "B"

9. Well No.
7

10. Field and Pool, or Wildcat
SKAGGS DRINKARD

12. County
LEA

15. Elevation (Show whether DF, RT, GR, etc.)
3569' (DF)

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

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 ☒ CASING TEST AND CEMENT JOBS ☐

REPAIR WATER FLOW ☒ OTHER ☐

SUBSEQUENT REPORT OF:

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. INSTALL BOP. PULL 1 1/2" TUBING FROM TUBB STRING.
2. SET CIBP IN DRINKARD STRING @ 4500' AND SPOT 40' CEMENT ON PLUG.
3. SET CIBP IN BLINEBRY STRING @ 4500' AND SPOT 40' CEMENT ON PLUG.
4. SET CIBP IN TUBB STRING @ 4500' AND SPOT 40' CEMENT ON PLUG.
5. PERFORATE DRINKARD STRING W/2-JS @ 1437'.
6. CEMENT TO SURFACE THROUGH DRINKARD CASING PERF @ 1437' W/ APPROX. 560 SX. CLASS H CEMENT CONTAINING 2% CACL. SQUEEZE W/ADDL. 200 SX. CLASS H CEMENT CONTAINING 2% CACL. WOC. DOC. TEST.
7. DRILL OUT CIBP FROM ALL THREE STRINGS. INSTALL PRODUCTION EQUIPMENT. TEST AND RETURN 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 ASST DIST MGR DATE 8-19-83

ORIGINAL SIGNED BY JERRY SEXTON

APPROVED BY DISTRICT SUPERVISOR

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

AUG 22 1983