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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.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- Water Injection	7. Unit Agreement Name Skaggs Grayburg Unit
2. Name of Operator TEXACO Inc.	8. Farm or Lease Name Skaggs Grayburg Unit
3. Address of Operator P. O. Box 728, Hobbs, New Mexico 88240	9. Well No. 14
4. Location of Well UNIT LETTER A 661 FEET FROM THE North LINE AND 659 FEET FROM THE East LINE, SECTION 13 TOWNSHIP 20-S RANGE 37-E NMPM.	10. Field and Pool, or Wildcat Skaggs Grayburg
15. Elevation (Show whether DF, RT, GR, etc.) 3563' (DF)	12. County Lea

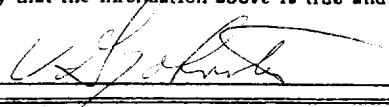
16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data  
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input 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 JOBS <input type="checkbox"/>	OTHER Repair Water Flow <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. RIGGED UP. INSTALL BOP. PULL TUBING AND PACKER.
2. SET CIBP @ 3635' AND SPOT 40' CEMENT ON PLUG.
3. SET CEMENT RETAINER @ 1411'. CEMENT CASING LEAK W/400 SX CLASS H CEMENT. CEMENT CIRCULATED. SQUEEZE W/ADDL 200 SX CLASS H CEMENT CONTAINING 2% CACL. WOC. DOC.
4. TESTED SQUEEZE TO 600# FOR 30 MINUTES. TESTED OK.
5. SET CIBP @ 3538' AND CAP W/40' CEMENT. TEST CIBP. TESTED OK.
6. LOAD ANNULUS W/INHIBITED WATER. COMPLETED REMEDIAL WORK ON SUBJECT WELL AS SHUT-IN WATER INJECTION, 8-8-84.

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

SIGNED 	TITLE Asst Dist Mgr	DATE 8-10-84
ORIGINAL SIGNED BY JERRY SEXTON DISTRICT 1 SUPERVISOR		
APPROVED BY	TITLE	DATE
CONDITIONS OF APPROVAL, IF ANY:		

AUG 15 1984