

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-7

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.O.S.	
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.)

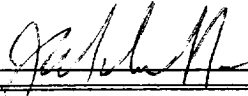
OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- Water Injection		7. Unit Agreement Name Skaggs Grayburg Unit
Name of Operator TEXACO Inc.		8. Farm or Lease Name Skaggs Grayburg Unit
Address of Operator P. O. Box 728, Hobbs, New Mexico 88240		9. Well No. 14
Location of Well 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

6. 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"/> Repair Water Flow	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	OTHER <input type="checkbox"/>

7. 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 TUBING AND PACKER.
2. SET CIBP @ 3650'. ISOLATE CASING LEAK W/PKR.
3. SET CEMENT RETAINER ABOVE LEAK. CEMENT CASING LEAK W/ VOLUME AND CLASS CEMENT REQUIRED TO STOP FLOW. WOC. DOC. TEST.
4. INSTALL INJECTION EQUIPMENT. PLACE ON SHUT-IN INJECTION STATUS.

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

SIGNED <u></u>	TITLE <u>Asst Dist Mgr</u>	DATE <u>7-20-84</u>
APPROVED BY <u>Oil & Gas Inspector</u>	TITLE _____	DATE <u>JUL 24 1984</u>
CONDITIONS OF APPROVAL, IF ANY:		

RECEIVED

JUL 20 1984

O.C.
HOBBS LANCE