F OF UPIES RECEIVED		Form C-103 Supersedes Old
DISTRIBUTION		C-102 and C-103
SANTA FE	NEW LXICO OIL CONSERVATION COMMISSION	Effective 1-1-65
FILE		5a. Indicate Type of Lease
U.S.G.S.	- 	State Fee X
OPERATOR .	-	5, State Oil & Gas Lease No.
	J	
SUND	RY NOTICES AND REPORTS ON WELLS	
(DO NOT USE THIS FORM FOR PAULICA	RY NOTICES AND REPORTS ON WELLS OPPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. TION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)	
. OIL [] GAS []	,	7. Unit Agreement Name
OIL GAS WELL WELL	OTHER-	Skaggs Gravburg Unit
. Name of Operator	1	Skaggs Grayburg Unit 8. Form of Lease Name
TEXACO Inc.		Skaggs Grayburg Unit
. Address of Operator	00 Helle Helle Helle	9, Well No.
P. O. Box 728, Hobbs, New Mexico 88240		10. Field and Pool, or Wildcat
٠. ٣	660	·
UNIT LETTERB	660 FEET FROM THE NORTH LINE AND 1980 FEE	Skaggs Grayburg
THE East	ION 13 TOWNSHIP 20S RANGE 37E	
THE LIGHT LINE, SECT	ION 13 TOWNSHIP 20S RANGE 37E	- MMPM. ()
	15. Elevation (Show whether DF, RT, GR, etc.)	12. County
	3557'	Lea
6. Check	Appropriate Box To Indicate Nature of Notice, Report	
		QUENT REPORT OF:
	000000	STATE WELL ONLY
PERFORM REMEDIAL WORK	PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON	COMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING	CHANGE PLANS CASING TEST AND CEMENT JOB	
Extension Poque	OTHER	
OTHER Extension Reque	(X)	
7, Describe Proposed or Completed O	perations (Clearly state all pertinent details, and give pertinent dates, inc	cluding estimated date of starting any proposed
work) SEE RULE 1 103.	,,	· · · · · · · · · · · · · · · · · · ·
REMARKS		•
- And Andread Andread	•	
1. WELL STATUS - TH	R O (To Be Reconditioned Oil)	
	DIMENT DATE - May, 1974	
3. REASON FOR ABANI	DONMENT - Well not profitable to operate.	
4. FUTURE PLANS - F	Remedial work will be performed to return the	e well to production.
5. DATE OF FUTURE !	NORKOVER OR PLUGGING - 1976	
5. DATE OF POTORE	ionauver or peografic = 1910	
	ENDINE	0 10-1-76
	e grow	- 10 / 76
I haraby cartify that the informati	about is two and complete to the base of	
. I hereby certify that the intermation	above is true and complete to the best of my knowledge and belief.	
William	D. D	***
GNED	TITLE ASST. Dist. Supt.	DATE 10-7-75
Ome Anna		
Les Clemat		
Oil & Gas to		DATE SY 4 1 2 1 1 1 1
ONDITIONS OF APPROVAL, IF ANY	:	

