STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.	T	
LAND OFFICE		I
OPERATOR		

OIL CONSERVATION DIVISION

DISTRIBUTION SANTA FE	P. O. BOX 2088 SANTA FE, NEW MEXICO 87501		Form C-103 Revised 10-1-78
FILE	JANIA PE, NEW	MEXICO 87501	Eq. Indicate Type of Large
U.S.G.S.]		5a. Indicate Type of Lease
LAND OFFICE	. ·		State Fee X
DPERATOR	J		5. State Oil & Gas Lease No.
			imminimm.
SUNDA	RY NOTICES AND REPORTS ON	WELLS	
USE "APPLICAT	OPOSALS TO DRILL OR TO DEEPEN OR PLUG E TON FOR PERMIT -" (FORM C-101) FOR SUC	H PROPOSALS.)	
OIL GAS			7. Unit Agreement Name
2. Name of Operator	OTHER- Water Inje	ection	Skaggs Grayburg Unit
2. Name of Operator			8. Farm or Lease Name
TEXACO, Inc.			Skaggs Grayburg Unit
3. Address of Operator			9. Well No.
P. O. Box 728, Hobbs. New Mexico 88240			12
4. Location of Well			10. Field and Pool, or Wildcat
UNIT LETTERC	662 FEET FROM THE North	LINE AND 1980 FEET FRO	M Skaggs Grayburg
THE West LINE, SECTI	on 13 TOWNSHIP 20-S	RANGE 37-E	
	15. Elevation (Show whether	DF, RT, GR, etc.)	12. County
		3566' (DF)	Lea
16. Check	Appropriate Box To Indicate N	lature of Notice Report of O	
	NTENTION TO:	·	IT REPORT OF:
		308320021	TEPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	
Ħ	, red vun verunou [l Fi	ALTERING CASING
TEMPORARILY ABANDON		COMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING	CHANGE PLANS	CASING TEST AND CEMENT JOB	
OTHER Repair Cas	ing Leak X	OTHER	
OTHER REPUTIT CAS	<u> </u>		
17. Describe Proposed or Completed Or	perations (Clearly state all pertinent det	zils, and give pertinent dates, includin	g estimated date of starting any proposed
work) SEE RULE 1103.			
1. Rig up. Ins	tall BOP. Pull tubing &	pkr.	
2. Set CIBP @ 3700'.			
3. Isolate casi	ng.leak utilizing pkr.		
4. Set cement r	etainer above leak. Ceme	ent to surface W/volume	& Class of cement to
be determine	d after locating casing I	Leak. WOC. DOC. TEST.	
5. Run 2 3/8" p	lastic coated tubing W/pl	cr & set @ 3700'. Load	Annulus W/inhibited water.
Return to In	jection.		•
•			
	THE COMMISSION N	MIOT DE	
	24 HOURS PRIOR TO	DST RE NOTIFIED	
	at the one Thick To	D COMMENCING WORK	
	. •		
•	•		
		•	
			•
18. I hereby certify that the information	above is true and complete to the best o	f my knowledge and battle	
	/	i my knowledge and belief.	
SIGHED MALL	TITLE A	Asst. Dist. Mgr.	
ORIGINAL SIGNED B		•	JUL 1 6 1984
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DISTRICT | SUPERVISOR

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