

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-77

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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. 22
Location of Well UNIT LETTER K 1980 South 1980 THE West 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.) 3557' (DF)			12. County Lea

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

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER Repair Water Flow <input checked="" type="checkbox"/>


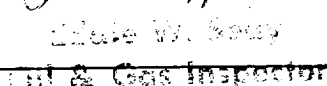
SUBSEQUENT REPORT OF:

REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER <input type="checkbox"/>

1. 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 @ 3750'. 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.

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 7-20-84
PROVED BY 	TITLE Oil & Gas Inspector	DATE JUL 24 1984
CONDITIONS OF APPROVAL, IF ANY:		

RECEIVED

JUL 20 1984

O.C.
HOBBS OFFICE