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LAND OFFICE		
OPERATOR		

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease
State ☒ Fee ☐
5. State Oil & Gas Lease No.
B-160
7. Unit Agreement Name
-
8. Farm or Lease Name
New Mexico "Aggies" 'H'
9. Well No.
2
10. Field and Pool, or Wildcat
Eunice Monument Grayburg
San Andres
12. County
Lea

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO REOPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT TO DRILL" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐
2. Name of Operator
TEXACO Inc.
3. Address of Operator
P.O. Box 728, Hobbs, New Mexico 88240
4. Location of Well
UNIT LETTER 0 FEET FROM THE South LINE AND 660 FEET FROM THE West LINE, SECTION 31 TOWNSHIP 20-S RANGE 37-E N.M.P.M.
15. Elevation (Show whether DF, RT, GR, etc.)
3553' (GR)

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data			
NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☒
PULL OR ALTER CASING ☐	OTHER ☐	CASING TEST AND CEMENT JOBS ☐	

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.
2. Set CIBP @ 3675'. Spot 35' (8 sx) plug on top of plug.
3. Cut 7" OD csg @ 1470' & pull same.
4. Spot 70 sx. cement plug from 1520'-1440' (80').
5. Spot 45 sx. cement plug from 1187'-1097' (90').
6. Perforate 9-5/8" csg @ 257'. Squeeze w/100 sx Cement (100') across surface csg shoe.
7. Spot 6 sx. cement plug @ surface (12').
8. Install Dry Hole marker & clean up location. Well P & A, 10:30 a.m., 3-7-77.

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

SIGNED _____ TITLE Asst. Dist. Supt. DATE 3/10/77

APPROVED BY John W. Runyan TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: