

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-76

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SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease
State ☐ Fee ☒

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.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- <u>Water Injection</u>	7. Unit Agreement Name <u>Skaggs Grayburg Unit</u>
2. Name of Operator <u>TEXACO, Inc.</u>	8. Farm or Lease Name <u>Skaggs Grayburg Unit</u>
3. Address of Operator <u>P. O. Box 728, Hobbs, New Mexico 88240</u>	9. Well No. <u>21</u>
4. Location of Well UNIT LETTER <u>N</u> <u>1980</u> FEET FROM THE <u>North</u> LINE AND <u>600</u> FEET FROM THE <u>West</u> LINE, SECTION <u>18</u> TOWNSHIP <u>20-S</u> RANGE <u>30-E</u> NMPM.	10. Field and Pool, or Wildcat <u>Skaggs Grayburg</u>
15. Elevation (Show whether DF, RT, GR, etc.) <u>3566' (DF)</u>	12. County <u>Lea</u>

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 checked="" type="checkbox"/> <u>Repair Casing Leak</u>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	OTHER <input type="checkbox"/>

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. Rig up. Install BOP. Pull tubing & Pkr.
2. Isolate casing leak utilizing packer.
3. Set cement retainer above leak. Cement to surface w/ volume & class of cement to be determined after locating casing leak. WOC. DOC. TEST.
4. Return well to shut-in water injection status.

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

SIGNED [Signature] TITLE Asst. Dist. Mgr. DATE 7-13-84

APPROVED BY [Signature] TITLE Asst. Dist. Mgr. DATE JUL 16 1984

CONDITIONS OF APPROVAL, IF ANY: