## STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

NO. 07 COFICE RECEIVED		
DISTRIBUTION		
SANTA PE		
FILE	Ţ	
U.S.G.S.		
LAND OFFICE	1	
OPERATOR	<del></del>	

## OIL CONSERVATION DIVISION

P. O. BOX 2088 SANTA FE NEW MEXICO 97501 Form C-103 Revised 10-1-78

FILE	ANTA PE, NEW MEXICO 8/501	1
U.S.G.3.		5a, Indicate Type of Lease
LAND OFFICE		State Fee 🔻
OPERATOR	•	5, State Oil & Gas Lease No.
	•	_
SLINDRY NOTICES A	ND REPORTS ON WELLS	
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL -	ND REPORTS ON WELLS ON TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR.	
1.	1, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3,	7. Unit Agreement Name
OIL X GAS WELL OTHER.		
2, Name of Operator		Skaggs Grayburg Unit
TEXACO Inc.		
3. Address of Operator		Skaggs Grayburg Unit
P. O. BOX 728, Hobbs, New	Mexico 88240	
4. Location of Well	MEXICO 00240	11
	Wanth 000	10, Field and Pool, or Wildcat Skaggs Grayburg San Andres
UNIT LETTER,FEET P	AOM THE North LINE AND 990 FEET P	San Andres
West Line, Section 13	TOWNSHIP 20-S RANGE 37-E NAME	
	evation (Show whether DF, RT, GR, etc.)	i2. County
	3565' (DF)	Lea
16.		
	ox To Indicate Nature of Notice, Report or	
NOTICE OF INTENTION TO	SUBSEQUE	ENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON	COMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING	HANGE PLANS CASING TEST AND CEMENT JOB	
	OTHER Add'l Perfs	3. & Treat X
OTHER		
17, Describe Proposed or Completed Operations (Clearly	state all pertinent details, and give pertinent dates, include	ling estimated date of starting any proposed
work) SEE RULE 1103.		
1. Rigged up. Pull rods,	pump & tubing.	
2. Perforate 2 7/8" Gravh	urg String W/I_ISDE @ 280/U 20	141.181.201.221.321
341,401,421,441,461	61,661,811,831,851,871,891,	& 30021
3. Set Pkr. @ 3749'. Acid	ize Csg Perfs. 3806' - 3992' W	(3000 Gele SOM MERE
Acid in 4-equal st	ages using 300# rock salt betw	yoon stages Flushed
W/11 1/2 Bbls. KCL	Water	cen stages. Flushed
4. Install pumping equipm	ant Magt & notions to madical	
4. His carr bombing eduthm	ent. Test & return to producti	on.
		·
8. I hereby certify that the information above is true and	complete to the best of my knowledge and belief.	
1.11.1		
	Asst. Dist. Mgr.	DAYE 7-30-81
16HEO HATTURE	TITLE	DAYE 1 JO 04
Charles Signature		
The state of the s		
ONDITIONS OF APPROVADALARYS	TITLE	DATE