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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.
Fee

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 ☒   GAS WELL ☐   OTHER-

7. Unit Agreement Name
NONE

2. Name of Operator
TEXACO Inc.

8. Farm or Lease Name
M. B. Weir "B"

3. Address of Operator
P. O. Box 728 - Hobbs, New Mexico

9. Well No.
10

4. Location of Well

UNIT LETTER P , 987 FEET FROM THE East LINE AND 990 FEET FROM

THE South LINE, SECTION 12 TOWNSHIP 20-S RANGE 37-E NMPM.

10. Field and Pool, or Wildcat
Blinebry & Tubb

15. Elevation *(Show whether DF, RT, GR, etc.)*
3553' (G.R.)

12. County
Lea

16.
Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐   PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐

PULL OR ALTER CASING ☐   CHANGE PLANS ☐

OTHER _____ ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐   ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐   PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☒

OTHER _____ ☐

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.

Total Depth - 1400'
Spudded 12 1/4" Hole at 2:00 A. M. January 21, 1965

Ran 1388' of 9 5/8" O. D. Casing, 25.45 LB, Spiral Weld, NEW, and cemented at 1400' with 550 Sx. Class "C" 4% gel, plus 200 Sx. Class "C" 2% CACL. Plug at 1375'. Cement Circulated. Job complete 10:15 A. M. January 22, 1965.

Tested 9 5/8" O. D. Casing for 30 minutes with 600 P. S. I. from 9:45 A. M. to 10:15 A. M. January 23, 1965. Tested O. K. Drilled cement plug and re-tested for 30 minutes with 600 P. S. I. from 10:30 A. M. to 11:00 A. M. January 23, 1965. Tested O. K. Job complete 11:00 A. M. January 23, 1965.

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

SIGNED *H. D. Raymond*   TITLE Assistant District   DATE January 27, 1965.

H. D. Raymond   Superintendent

APPROVED BY _____   TITLE _____   DATE _____

CONDITIONS OF APPROVAL, IF ANY: