

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO. 30-025-22090
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name S.J. SARKEYS
8. Well No. 6
9. Pool name or Wildcat WANTZ ABO & DRINKARD
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3381' GR

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. Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER
2. Name of Operator Texaco Exploration and Production Inc.
3. Address of Operator P. O. Box 730 Hobbs, NM 88240
4. Well Location Unit Letter F : 1980 Feet From The NORTH Line and 2310 Feet From The WEST Line Section 26 Township 21-S Range 37-E NMPM LEA
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3381' GR

11. 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"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: TEMPORARILY ABANDON <input checked="" type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: <input type="checkbox"/>

12. 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. NOTIFY NMOCD 24 HRS PRIOR TO OPERATION.
2. TOH W/ 2 3/8" TBG. (ANCHOR @ 7280')
3. SET 5 1/2" CIBP @ 6700' ABOVE THE ABO PERFS, SET 5 1/2" CIBP @ 6300' ABOVE DRINKARD PERFS & CAP W/ 35' CMT.
4. TEST CSG TO 500# FOR 30 MIN, RUN PRESSURE CHART FOR NMOCD, REQUEST TA STATUS.

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

SIGNATURE <u>Monte C. Duncan</u>	TITLE <u>ENGINEER'S ASSISTANT</u>	DATE <u>10/12/92</u>
TYPE OR PRINT NAME <u>MONTE C. DUNCAN</u>		TELEPHONE NO. <u>393-7191</u>

(This space for State Use)

ORIGINAL SIGNED BY RAY SMITH
FIELD REP. II

APPROVED BY _____	TITLE _____	DATE _____
CONDITIONS OF APPROVAL, IF ANY:		

RECEIVED

OCT 15 1992

OCD HOUSE OFFICE