

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 198C, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Aramis, 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.	30-025-26505
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	B-935
7. Lease Name or Unit Agreement Name	
New Mexico "DU" State	
8. Well No.	1
9. Pool name or Wildcat	
Gramma Ridge East Morrow	

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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER	2. Name of Operator Texaco Exploration and Production Inc.
3. Address of Operator P.O. Box 730 Hobbs, New Mexico 88240	8. Well No. 1
4. Well Location Unit Letter <u>F</u> : <u>1980</u> Feet From The <u>North</u> Line and <u>1650</u> Feet From The <u>West</u> Line Section <u>12</u> Township <u>22-S</u> Range <u>34-E</u> NMPM Lea County	9. Pool name or Wildcat Gramma Ridge East Morrow
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3544 GL	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☒
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: ☐

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 OCD 24 hours prior to commencement of plugging operations.
2. MIRUPU. Kill well (SIBHP 2900 psi). Install BOP.
3. TOH with 2 3/8" tubing. (Baker Model F-1 permanent packer @ 12,750')
4. RU wireline. Set 1.875" Plug in profile nipple 12,720'. Dump 35' cement* (3 sxs) on plug. WOC. TIH on WS and tag plug. Load hole with mud.
5. Spot 400' cement plug (46 sxs) from 11,200' to 10,800' (across 7 5/8" casing shoe and 4 1/2" liner top). Tag plug.
6. Spot 100' cement plug (25 sxs) from 8300' to 8200'. (CONTINUED ON BACK)

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

SIGNATURE M.C. Duncan TITLE Engineer's Assistant DATE 4-3-92
TYPE OR PRINT NAME M.C. Duncan TELEPHONE NO. 393-7191

(This space for State Use)
APPROVED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APR 08 '92

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

7. Spot 100' cement plug (25 sxs) from 5700' to 5600' (across 10 3/4" casing shoe). Tag plug.
8. Spot 100' cement plug (25 sxs) from 3000' to 2900'.
9. TIH with perforating gun and shoot squeeze holes at \pm 450.
10. Squeeze 7 5/8" annulus with 110 sxs. Tag plug.
11. Spot 50' cement plug (12 sxs) from 50' to surface.
12. Cut off wellhead. Install hole marker. Clean location.

* Cement: Class "H" Neat, 4.3 g/sack, 16.4 ppg, 1.06 ft³/sack

Baker Model FB-1 22/23 Packer, 21/23 Anchor, EL Receptacle (30'), 1.875" Profile, Run 3/82.

RECEIVED

APR 07 1992

OCD HOBBS OFFICE

**STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT**

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**OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501**

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

**REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS**

Operator Texaco Inc.	
Address P.O. Box 728, Hobbs, New Mexico 88240	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership	Change in Transporter of: <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Gashead Gas <input type="checkbox"/> Dry Gas <input checked="" type="checkbox"/> Condensate
Effective September 1, 1986	

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name New Mexico "DU" State	Well No. 1	Pool Name, including Formation Gramma Ridge East Morrow	Kind of Lease State, Federal or Fee State	Lease No. B-935
Location				
Unit Letter F : 1980 Feet From The North Line and 1650 Feet From The West				
Line of Section 12 Township 22S Range 34E , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS


Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Texaco Trading & Transportation Inc. 1090-0523	P.O. Box 6196, Midland, TX 79711-0196
Name of Authorized Transporter of Gashead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Co.	P.O. Box 1384, Jal, NM 88252
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit F Sec. 12 Twp. 22S Rge. 34E	Yes August 26, 1980

If this production is commingled with that from any other lease or pool, give commingling order number: _____

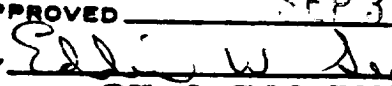
NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.


(Signature)
District Administrative Supervisor
(Title)
August 28, 1986
(Date)

OIL CONSERVATION DIVISION

APPROVED **SEP 3 1986**, 19_____
BY 
TITLE **OIL & GAS INSPECTOR**

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

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O.C.D.
HOBBS OFFICE