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

Form C-103  
Revised 10-1-78

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 checked="" type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator <b>Texaco Inc.</b>	8. Farm or Lease Name <b>C.H. Weir 'A'</b>
3. Address of Operator <b>P.O. Box 728, Hobbs, New Mexico 88240</b>	9. Well No. <b>13</b>
4. Location of Well UNIT LETTER <b>G</b> <b>2210</b> FEET FROM THE <b>North</b> LINE AND <b>2307</b> FEET FROM THE <b>East</b> LINE, SECTION <b>12</b> TOWNSHIP <b>20-S</b> RANGE <b>37-E</b> NMPM.	10. Field and Pool, or Wildcat <b>Monument Tubb</b>
15. Elevation (Show whether DF, RT, GR, etc.) <b>3559' (GR)</b>	12. County <b>Lea</b>

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 ☐

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.

Spud 17½" hole, 10:30 AM, 10-18-81  
Total Depth 1427'

1. Ran 1417' (34Jts) 13 3/8" OD 42# H-40 Csg and set @ 1427'.
2. Cemented w/1300 sx class 'H' cement containing 4% gel, 1# flocele and 2% CaCl per sack followed w/200 sx class 'H' cement containing 2% CaCl. Cement circulated. Job complete 12:00 Noon, 10-23-81. WOC 18 Hrs.
3. Tested 13 3/8" Csg to 1000# for 30 minutes, 6:30-7:00 AM, 10-24-81. Tested OK. Job complete 7:00 AM, 10-24-81.

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 **10-26-81**

APPROVED BY [Signature] TITLE Asst. Dist. Mgr. DATE 10-26-81

CONDITIONS OF APPROVAL, IF ANY: