

STATE OF NEW MEXICO
OIL AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-73

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DISTRIBUTION	
SANTA FE	
FILE	
U.S.O.S.	
LAND OFFICE	
OPERATOR	

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.)

OIL WELL ☒ GAS WELL ☐ OTHER-

Name of Operator
TEXACO Inc.

Address of Operator
P.O. Box 728, Hobbs, N.M. 88240

Location of Well

UNIT LETTER J, 2310 FEET FROM THE South LINE AND 1650 FEET FROM

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

7. Unit Agreement Name

8. Firm or Lease Name
C.H. Weir "A"

9. Well No.
16

10. Field and Pool, or Wildcat
Skaggs Drinkard

15. Elevation (Show whether DF, RT, GR, etc.)
3557' GL

12. County
Lea

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

FORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☐	ALTERING CASING ☐
PORABLY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☐
ON OR ALTER CASING ☐	OTHER ☐	CASING TEST AND CEMENT JOB ☒	

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 17 1/2" Hole, 12:00 P.M., 4/23/85
Total Depth 1450'

1. Ran 34 jts 13 3/8"-61# and 68#, J-55, ST&C set at 1450'.
2. Cemented w/1650 sx class "H" w/2% CaCl and 1/4#/sx Floseal. Cmt. circ. Job complete at 3:00 P.M. WOC in excess of 18 hours.
3. Tested 13 3/8" csg. to 1500# for 30 min. 10:00-10:30 A.M. 4/27/85. Tested OK. Job complete at 10:30 A.M. 4/27/85.

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

W.B. L... TITLE Dist. Opr. Mgr. DATE 5/9/85

ORIGINAL SIGNATURE OF JERRY SEXTON
DISTRICT SUPERVISOR

APPROVED BY TITLE DATE
CONDITIONS OF APPROVAL, IF ANY: