Suomit 3 Copies

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

District Office	Likagy, with and and iven	nu resources population	Keymed 1.1-65	
DISTRICT I P.O. Box 1980, Hobbs, NM 88240 DISTRICT II P.O. Drawer DD, Artesia, NM 88210 OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, New Mexico 87504-2088			WELL API NO. 30-025-06070	
			5. Indicate Type of Lease	
DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 8741	0		6. State Oil & Gas Lease No.	
SUNDRY NO	OTICES AND REPORTS ON	N 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.)			7. Lease Name or Unit Agreement Name C.H. WEIR A	
1. Type of Well: OIL GAS WELL X WELL				
2. Name of Operator	OTHER		8. Well No.	
Texaco Exploration and	Production Inc.		4	
3. Address of Operator			9. Pool name or Wildcat	
P. O. Box 730 Hobb 4. Well Location	os, NM 88240		SKAGGS DRINKARD	
Unit Letter E ::	1984 Feet From The NORTH	Line and	660 Feet From The WEST Li	
Section 12	Township 20-S	Range 37-E	NMPM LEA	
	10. Elevation (Show w	whether DF, RKB, RT, GR, etc.)		
11. Chex	ck Appropriate Box to Indi	icate Nature of Notice,	Report, or Other Data	
NOTICE OF	INTENTION TO:	SU	IBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING	
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLII	ING OPNS. PLUG AND ABANDONMENT	
PULL OR ALTER CASING]	CASING TEST AND	CEMENT JOB	
OTHER:		OTHER:		
12. Describe Proposed or Completed Cowork) SEE RULE 1103.	perations (Clearly state all pertinent de	letails, and give pertinent dates, inc	cluding estimated date of starting any proposed	
3. PERF DRINKARD BASED C 4. ACID FRAC DRINKARD PER	RUN GRN-CCL FR 6830' TO	EAT, 35,000 GALS X-LIN	NKED, &	
I hereby certify that the information above	is true and complete to the best of my knowl	riedge and belief.		
SIGNATURE M. C. KL	me	TITLE ENGINEER'S AS	SSISTANT DATE 9-3-92	
TYPE OR PRINT NAME M.C. DUNCA	N		TELEPHONE NO.393-7191	
(This space for State Use) ORIGINAL SIG			SEP 08	

_ mre _

CONDITIONS OF APPROVAL, IF ANY:

APPROVED BY ___

DISTRIGT I SUPERVISOR

SEP 0 8 '92

__ DATE _