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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

SEP 21 12 55 PM '65

Indicate Type of Lease
State ☐ Fee ☒

5. State Oil & Gas Lease No.
Fee

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name NONE
2. Name of Operator TEXACO Inc.	8. Farm or Lease Name W. L. Nix
3. Address of Operator P. O. Box 728 - Hobbs, New Mexico	9. Well No. 5
4. Location of Well UNIT LETTER <u>G</u> , <u>1980</u> FEET FROM THE <u>East</u> LINE AND <u>1980</u> FEET FROM THE <u>North</u> LINE, SECTION <u>20</u> TOWNSHIP <u>22-S</u> RANGE <u>38-E</u> NMPM.	10. Field and Pool, or Wildcat Drinkard
15. Elevation (Show whether DF, RT, GR, etc.) 3401' (D. F.)	12. County Lea

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 1703.

Total Depth - 7275'
8 5/8" O. D. Casing Cemented at 1413'

Ran 7265' of 2 7/8" O. D. Casing, 6.50 LB, J-55, NEW, and cemented at 7275' with 200 Sx. Trinity Lite Water Cement with 5% FRA, plus 500 Sx. Trinity Lite Water, and 500 Sx. Incor 4% gel. Plug at 7271'. Job complete 2:35 P. M. September 17, 1965.

Tested 2 7/8" O. D. Casing for 30 minutes with 1500 P. S. I. from 8:30 A. M. to 9:00 A. M. September 20, 1965. Tested O. K. Job complete 9:00 A. M. September 20, 1965.

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

SIGNED W. E. Morgan TITLE Assistant to the District DATE September 21, 1965
Superintendent

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