

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 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, 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.
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Texaco Producing Inc. Eunice Gas Plant
8. Well No. SWD-29-1
9. Pool name or Wildcat Langlie Mattix
10. Elevation (Show whether DF, RKB, RT, GR, etc.)

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 ☐ GAS WELL ☐ OTHER Salt Water Disposal

2. Name of Operator
Texaco Producing Inc.
Texaco Exploration & Production Inc.

3. Address of Operator
P.O. Box 1137 Eunice, NM 88231

4. Well Location
Unit Letter L : 2586 Feet From The South Line and 1000 Feet From The West Line
Section 27 Township 22S Range 37E NMPM Lea County

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.

The well failed mechanical integrity testing. Well was removed from service, production tubing removed and a casing cement job done to seal leak. Well tested and passed 2-6-91. Test validated by Mr. R. A. Sadler New Mexico Oil Conservation Division, Hobbs office. Well placed back in service 2-7-91.

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

SIGNATURE J. E. Brittain TITLE Plant Superintendent DATE 2-11-91
(505) 394-2516
TELEPHONE NO.

TYPE OR PRINT NAME J. E. Brittain

(This space for State Use)

APPROVED BY Geologist TITLE Geologist DATE 2-11-91

CONDITIONS OF APPROVAL, IF ANY: