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 OIL CONSERV			WELL API NO.		
310 Old Santa Fe Trail, Room 206			30-025-25518		
DISTRICT II Santa Fe, New Mexico 87503 P.O. Drawer DD, Artesia, NM 88210			5. Indicate Type	of Lease	
DISTRICT III			•	STATE X	FEE
1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & G	ias Lease No.	
CUMPRYAIGT	TOPE AND DEPORTS ON WE		V-2274		mm
(DO NOT USE THIS FORM FOR PRO	TICES AND REPORTS ON WEI OPOSALS TO DRILL OR TO DEEPEN	LLS I OR PLUG BACK TO A			
DIFFERENT RESE	RVOIR. USE "APPLICATION FOR PE	RMIT	/. Lease Name o	or Unit Agreement Name	i
1. Type of Well:	-101) FOR SUCH PROPOSALS.)		ļ ",	•	
OIL X GAS WELL	OTHER		RI	L	
2. Name of Operator	OTHER		8. Well No.		
TOCO L. L. C.			a. Well No.		
3. Address of Operator			9. Pool name or Wildcat		
P. O. BOX 888, HOBBS, NEW MEXICO 88241			CRUZ - BONE SPRING		
4. Well Location					
Unit Letter L : 198	O Feet From The SOUTH	Line and660	Feet From	m The WEST	Line
Section 16	Township 23S R	ange 33E j	NMPM LE	מי	a .
	10. Elevation (Show whether		NMPM DE		County
11. Check A	Appropriate Box to Indicate	Nature of Notice, Re	eport, or Other	r Data	
			-	REPORT OF:	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	•	. —		
<u></u>	PLUG AND ABANDON	REMEDIAL WORK		ALTERING CASING	<u></u>
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING			OPNS.	PLUG AND ABANDO	NMENT X
PULL OR ALTER CASING CASING TEST AND C			MENT JOB		
OTHER: OTHER:					🗆
12. Describe Proposed or Completed Operation	tions (Clearly state all pertinent details.	and give pertinent dates, inclu	ding estimated date	of starting any propose	
work) SEE RULE 1103.		3 ,		of see mig may proposed	•
1 Ch Child					
Set 100 cmt plug f	rom 9413' to 9313' cove	ering perf, tag.			
Left 6 jts 2 7/8" t	bg cmtd in 7 5/8" csg.	Top fish 9005'	. SN @ bot	tom of fish-9	189'.
	rom 8050' to 7950' cove				
Set 100' cmt plug f:	rom 5150' to 5050', 50	' in & 50' out o	f 10 3/4" s	hoe, tag.	
	rom 1352' to 1252' 50' :	in & 50' out T.	0. S.		
	rom perf below 13 5/8			ut, tag.	
Set 10 sx surf plug	•			, 3	
Cut off csg. head, w	weld on Dry Hole Marker	r.			
I hereby certify that the information above is true a	and complete to the best of my knowledge and be	lief.			
SIGNATURE OUY	eard _	MANAGER		DATE 08/05	/97
	111	TE PHANAGER			
TYPE OR PRINT NAME GAYE HEARI	0	TELEPHONE NO. (505) 393-2727			
(This space for State Use)	1	<u>_</u>	2.00 m ²		190
$\sim \sim 10$	1/3/	1	1 <u>0</u> 0. 0. €3	1370	୍ର ୧୯୦୩
APPROVED BY WY	Hell m	TE		DATE	ال يا ا
CONDITIONS OF APPROVAL, IF ANT:					

ICI Dev