

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.	3002530283
5. Indicate Type of Lease	STATE ☒ FEE ☐
6. State Oil & Gas Lease No.	NM58544
7. Lease Name or Unit Agreement Name	Federal USA "K"
8. Well No.	1
9. Pool name or Wildcat	Brunson Drinkard Abo South

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 ☐	2. Name of Operator Texaco Inc.
3. Address of Operator P.O. Box 730, Hobbs, NM 88240	4. Well Location Unit Letter N : 660 Feet From The South Line and 1700 Feet From The West Line Section 33 Township 22-23-S Range 38-E NMPM Lea County
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3372.5 RKB	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK ☐	REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐	ALTERING CASING ☐
PULL OR ALTER CASING ☐	COMMENCE DRILLING OPNS. ☐
OTHER: ☐	PLUG AND ABANDONMENT ☐
	CASING TEST AND CEMENT JOB ☐
	OTHER: NMOCC Casing Riser Inspection ☒

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.

NMOCC representative R. A. Sadler inspected and approved casing risers on subject well 10-17-89.

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

SIGNATURE J. A. Head TITLE Area Manager DATE 10-18-89
TYPE OR PRINT NAME J. A. Head TELEPHONE NO. (505) 393-7191

(This space for State Use)

APPROVED BY R. A. Sadler TITLE OIL & GAS INSPECTOR DATE OCT 24 1989

CONDITIONS OF APPROVAL, IF ANY: