

C.L. CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-75

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DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease
State ☐ Fee ☒
5. State Oil & Gas Lease No.

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO OPEN OR PLUG SALS TO A DIFFERENT RESERVOIR.
USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL ☐ GAS WELL ☐ OTHER- Injection Well

2. Name of Operator

Texaco Producing Inc.

3. Address of Operator

P.O. Box 728, Hobbs, NM 88240

4. Location of Well

UNIT LETTER B, 1980 FEET FROM THE East LINE AND 660 FEET FROM

THE North LINE, SECTION 17 TOWNSHIP 23S RANGE 37E N.M.P.M.

15. Elevation (Show whether OF, RT, GR, etc.)

3333' DF

12. County

Lea

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐ REMEDIAL WORK ☐ ALTERING CASING ☐

TEMPORARILY ABANDON ☐ CHANGE PLANS ☐ COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐

PULL OR ALTER CASING ☐ OTHER ☐ 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 1103

04/28/86 - MIRU PU. TOH with injection tbg and pkr. TIH w/bit and cleaned out 3690'-3700'. Circ. w/10# brine.

04/29/86 - Spot 30 sk plug 3747'-3224'. Spot 30 sks 2852'-2752'. TOH.

04/30/86 - Tagged plug at 1550'. TOH. Shot 2 squeeze holes at 1200'. Established circ. TIH with 7" retainer and set at 1150'. Hole above retainer at 800'. Cmt. 7" casing at 800' with 500 sks.

05/01/86 - Tagged cmt. at 500'. Spot cmt. plug 500'-0'. Installed dry hole marker.

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

SIGNED Jim Browning TITLE District Admin. Supervisor DATE 07/16/86

APPROVED BY R. Atchley TITLE OIL & GAS INSPECTOR DATE SEP 25 1987

CONDITIONS OF APPROVAL, IF ANY:

PA Dated