State of New Mexico

Form C-103

at had to	:	State of New Mex	ICO	Revised 1-14	20
Submit 3 Copies to Appropriate District Office			ources Department	Kevused 1-14	
	OTL CONS	L CONSERVATION DIVISION		WELL API NO.	
P.O. Box 1980, Hobbs, NM 88240 P.O. Box 2088			3	30-025-12421	
DISTRICT II Santa Fe, New Mexico 87504-2088 P.O. Drawer DD, Artesia, NM 88210				5. Indicate Type of Lease STATE	FEE X
DISTRICT III 1000 Rio Brazos Rd., Azzec, NM	87410			6. State Oil & Gas Lease No.	
	THE PARTY AND DEE	ODTO ON WELL	18		
(DO NOT USE THIS FORM F	ONOTICES AND REP OR PROPOSALS TO DRILL RESERVOIR. USE "APP FORM C-101) FOR SUCH F	LICATION FOR PER	ON LEGGI PHON 10 11	7. Lease Name or Unit Agreement Name	
	OHM C-101) FOR 300111	1101 001 001		L.M. Buffington "B"	
1. Type of Well: OR. C. WELL X W	ar 🗌	OTHER			
2. Name of Operator	<u> </u>			8. Well No.	
Texaco Exploration a	ind Production Inc.			2	
3. Address of Operator				9. Pool name or Wildcat Alenday Tuch	
	obbs, NM 88240			Justis Drinkard	
4. Well Location		0 11		330 Feet From The West	Line
Unit Letter L	: 1650 Feet From The	South	Line and	red riou inc	County
	Township 2	ss Ru	nge 38E	NMPM Lea	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
Section 19	77777777777777777777777777777777777777	vation (Show whether	DF, RKB, RT, GR, etc.)		
		3077' DF		<u> </u>	
	Theck Appropriate F	ox to Indicate	Nature of Notice, I	Report, or Other Data	
11.	OF INTENTION TO)•	l SUI	BSEQUENT REPORT OF:	
NOTICE				ALTERING CASING	Γ
PERFORM REMEDIAL WORK	PLUG AND	ABANDON L	REMEDIAL WORK		AMAGNT [
TEMPORARILY ABANDON	CHANGE F	PLANS [COMMENCE DRILLIN		TIMEN L
PULL OR ALTER CASING			CASING TEST AND		E-
OTHER:			OTHER: Tempora	rily Abandon Well	[x
12. Describe Proposed or Complework) SEE RULE 1103.	eted Operations (Clearly state	all persinent details, a	und give pertinent dates, inc	luding estimated date of starting any proposed	
WORK) SEE ROLL 1103.					
02-18/23-93 1) Ran 6 1/4" bit & 7' 2) Set CIBP @ 5766', 6 3) Load casing w/21 (Chart attached - 4) Request Temporary	cap w/50° cement (5 bbls inhibited wate - copy on reverse s	er & test to 500		oval of Temporary /	
			This Appr Abandonme	ent Expires	5-1 0
I hereby certify that the informatio	a above is true and complete to th	e best of my knowledge a	nd belief.		

_DATE 04-15-93 ____ mue _ Engr Asst TELEPHONE NO.505-393-7191 TYPE OR FRINT NAME L.W. Johnson THE PROPERTY OF STATE APR 27 1993 (This space for State Use) _ DATE __ _ mre . APPROVED BY _

CONDITIONS OF APPROVAL, IF ANY:

