

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

Form C-103
Revised 10-1-73

5a. Indicate Type of Lease
State ☒ Fee ☐
3. State Oil & Gas Lease No.
B-1327

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 - 11 (FORM C-101) FOR SUCH PROPOSALS.

☐ GAS WELL ☐ OTHER INJECTION WELL

Operator
TEXACO PRODUCING INC.
of Operator
P.O. BOX 728, HOBBS, NEW MEXICO 88240

7. Unit Agreement Name

MLMU

8. Firm or Lease Name

9. Well No.

77

10. Field and Foot, or Well No. 7-Rivers
Langlie Mattix Queen

LETTER G 1980 FEET FROM THE North LINE AND 1980 FEET FROM
East LINE, SECTION 32 TOWNSHIP 23S RANGE 37E NMPM.

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

3306' DF

12. County

Lea

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO:

REMEDIAL WORK ☐
BILLY ABANDON ☐
ALTER CASING ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐

REPAIR CASING LEAK ☒

REMEDIAL WORK ☐
COMMENCE DRILLING OPS. ☐
CASING TEST AND CEMENT JOBS ☐
OTHER ☐

ALTERING CASING ☐
PLUG AND ABANDONMENT ☐

Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed operations.) SEE RULE 1103.

1. Rig up. POH w/injection equipment.
2. TIH w/WS, pkr and RBP and locate csg. leak. TOH w/WS and tools.
3. TIH w/5 1/2" cast iron bridge plug to + 3263' and set plug. TOH.
4. Perf 5 1/2" csg. at leak depth w/2 holes using 4" csg. guns.
5. TIH w/5 1/2" cmt. retainer to + 150' above csg. leak and set retainer.
6. Squeeze the csg. leak using class "H" cmt.
7. Sting out of retainer w/WS and circ. out excess cmt. TOH w/WS. WOC 24 hrs.
8. TIH w/WS and bit and drill out retainer and cement to top of CIBP.
9. Close BOP and test squeeze job by pressuring through the bit to 500 psi.
10. Drill out CIBP and C/O wellbore to PBTD (3717'). TOH w/WS and bit.
11. TIH w/injection tbgs. and pkr. to 3263' and load annulus w/inhibited wtr. and return well to injection.

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

W.B. Lida

TITLE Dist. Opr. Mgr.

DATE 10/4/85

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT SUPERVISOR

TITLE

DATE OCT 10 1985

RECEIVED
OCT - 9 1985
O.C.D.
HOBBS OFFICE