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

Form C-103
Revised 10-1-7

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. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		7. Unit Agreement Name <u>Myers Langlie Mattix Unit</u>
2. Name of Operator <u>Texaco Producing Inc.</u>		8. Farm or Lease Name <u>Myers Langlie Mattix Seven Rivers and Queen</u>
3. Address of Operator <u>P. O. Box 728, Hobbs, NM 88240</u>		9. Well No. <u>257</u>
4. Location of Well UNIT LETTER <u>H</u> <u>2630</u> FEET FROM THE <u>North</u> LINE AND <u>50</u> FEET FROM THE <u>East</u> LINE, SECTION <u>32</u> TOWNSHIP <u>23S</u> RANGE <u>37E</u> NMPM.		10. File and Foot of Well <u>Myers Langlie Mattix Seven Rivers and Queen</u>
15. Elevation (Show whether DF, RT, GR, etc.) <u>3283' GR</u>		12. County <u>Lea</u>

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input checked="" type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER <input type="checkbox"/>	

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.

Spudded 12 1/4" hole at 12:30 p.m. 03/03/86

- 1) Ran 22 jts (891') 8 5/8", 24#, J-55, ST&C casing set at 901 feet.
- 2) Cemented w/800 sx CL "H" w/2% CACL and 1/2#/sx floreal. Circulated 23 sx. WOC 18 hours.
- 3) Tested csg. w/1000# from 2:15 a.m. to 2:34 a.m. 03/05/86. Tested ok. Job complete at 2:45 a.m.

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

SIGNED JW Browning TITLE District Admins. Supervisor DATE 03/10/86

ORIGINAL SIGNED BY JERRY SEXTON

DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE MAR 21 1986

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED
MAR 19 1986
O.C.D.
HOBBS OFFICE