

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

OIL CONSERVATION DIVISION

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

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO.

30-025-30228

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

B-9613

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 PRODUCING INC

3. Address of Operator

P.O. Box 728, HOBBS, NEW MEXICO 88240

4. Well Location

Unit Letter F : 1585 Feet From The NORTH Line and 1460 Feet From The EAST Line

Section 32

Township 24-S

Range 38-E

NMPM

LEA

County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

3168 GR

11.

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

PERFORM REMEDIAL WORK ☐

PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐

CHANGE PLANS ☐

PULL OR ALTER CASING ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: SPUD NOTICE AND SURFACE CASING ☒

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.

SPUD W.D.D.U. WELL NO. 92 AT 10:00 P.M. 4-12-89

TD 17 1/2" HOLE AT 8:00 P.M. 4-14-89

RAW 30 JTS 13 3/8", 54.50', K-SS STEEL CASING SET AT 1256'

CEMENTED W/1300SX CLASS H 2% CaCl₂, 1/4" FLOCEL.

CIRCULATED 230 SXS TO SURFACE

WOC 18 HRS

TESTED CASING TO 600 PSI FOR 30 MINUTES.

HELD OK

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

SIGNATURE

K.L. Johnson

TITLE

AREA SUPERINTENDENT

DATE

MAY 2 1989

TYPE OR PRINT NAME

K.L. Johnson

TELEPHONE NO.

394-2585

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY

TITLE

DATE

MAY 4 1989

CONDITIONS OF APPROVAL, IF ANY: