

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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

Form C-103  
Revised 10-1-78

NO. OF COPIES RECEIVED	
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 DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE APPLICATION FOR PERMIT ON FORM C-1011 FOR SUCH PROPOSALS.)

1. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER	7. Unit Agreement Name SKELLY PENROSE "A" UNIT
2. Name of Operator TEXACO PRODUCING INC.	8. Farm or Lease Name
3. Address of Operator P.O. BOX 728, HOBBS, N.M. 88240	9. Well No. 69
4. Location of Well UNIT LETTER <u>.L</u> <u>95.4</u> FEET FROM THE <u>North</u> LINE AND <u>1331.1</u> FEET FROM THE <u>West</u> LINE, SECTION <u>10</u> TOWNSHIP <u>23-S</u> RANGE <u>37-E</u> N.M.P.M.	10. Field and Pool, or Wildcat <u>Langlie Mattix</u>
15. Elevation (Show whether DF, RT, GR, etc.) 3300.2 GR	12. County <u>Lea</u>

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER <u>NAME CHANGE</u> <input checked="" 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.

CHANGE OF OPERATOR FROM GETTY OIL COMPANY TO TEXACO PRODUCING INC. 6/1/85.

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

SIGNED W.B. Galt TITLE Dist. Opr. Mgr. DATE 8/19/85

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE AUG 23 1985

CONDITIONS OF APPROVAL, IF ANY: