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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease
State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.
E-9721

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
2. Name of Operator	None
3. Address of Operator	8. Name of Lease
TEXACO Inc.	New Mexico "CR" State
P. O. Box 728, Hobbs, New Mexico 88240	9. Well No.
4. Location of Well	10. Field and Pool, or Wildcat
UNIT LETTER <u>L</u> <u>660</u> FEET FROM THE <u>West</u> LINE AND <u>1980</u> FEET FROM	Lusk Strawn
THE <u>South</u> LINE, SECTION <u>32</u> TOWNSHIP <u>19-S</u> RANGE <u>32-E</u> NMPM.	
15. Elevation (Show whether DF, RT, GR, etc.)	12. County
3543' (D. F.)	Lea

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"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	
		OTHER <u>Shut Well In</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.

Subject well was shut in effective 7:00 A. M., September 24, 1968.
It is recommended that the well be reclassified from its present
producing status to ASD, Held for Water Disposal.

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

Assistant District
Superintendent

SIGNED [Signature] TITLE Assistant District Superintendent DATE Sept. 26, 1968

APPROVED BY [Signature] TITLE SUPERVISOR DISTRICT 1 DATE SEP 27 1968

CONDITIONS OF APPROVAL, IF ANY: