

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 -" FORM C-1011 FOR SUCH PROPOSALS.)

1. OIL WELL GAS WELL OTHER-

7. Unit Agreement Name

2. Name of Operator
Texaco Producing Inc.

8. Farm or Lease Name

A. L. Christmas "B"

3. Address of Operator
P. O. Box 728, Hobbs, NM 88240

9. Well No.

1

4. Location of Well
UNIT LETTER M 660 FEET FROM THE South LINE AND 660 FEET FROM

10. Field and Pool, or Wildcat

Eumont

THE West LINE, SECTION 25 TOWNSHIP 19-S RANGE 36-E NMPM.

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

12. County
Lea

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 OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <u>Shut-In</u> <input checked="" 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.

Remarks:

Please cancel Form C-103 submitted on July 16, 1987 for subject well.

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

L. J. Seeman

SIGNED L. J. Seeman TITLE Dist. Petr. Engr. DATE 8/07/87

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT 1 SUPERVISOR

APPROVED BY _____ TITLE _____ DATE AUG 13 1987

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED
AUG 10 1987
OCD
HOBBS OFFICE