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U.S.G.S.		
LAND OFFICE		
OPERATOR		

MEXICO OIL CONSERVATION COMMISSION

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

5a. Indicate Type of Lease  
State  Fee

5. State Oil & Gas Lease No.  
E-3289

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  GAS WELL  OTHER

2. Name of Operator  
TEXACO INC.

3. Address of Operator  
P.O. BOX 728, HOBBS, NEW MEXICO 88240

4. Location of Well  
UNIT LETTER F 1685 FEET FROM THE North LINE AND 1652 FEET FROM THE West LINE, SECTION 6 TOWNSHIP 19S RANGE 37E NMPM.

7. Unit Agreement Name  
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8. Farm or Lease Name  
N. M. "CE" State # 7-1

9. Well No.  
2

10. Field and Pool, or Wildcat  
Eumont Yates Seven Rivers

11. Elevation (Show whether DF, RT, GR, etc.)  
3730' DF

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 <input checked="" type="checkbox"/>	CASING TEST AND CEMENT JOB <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

- WELL STATUS - TR-O (To Be Reconditioned-Oil)
- TEMPORARY ABANDONMENT DATE - June, 1974
- REASON FOR ABANDONMENT - Recent remedial work to return well to production was unsuccessful.
- FUTURE PLANS - Plug and abandon
- DATE OF FUTURE WORKOVER OR PLUGGING - 1975

*Expires 10/1/75*

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

SIGNED [Signature] TITLE Asst. Dist. Supt. DATE 10-18-74

APPROVED BY [Signature] TITLE \_\_\_\_\_ DATE 10-18-74

CONDITIONS OF APPROVAL, IF ANY: