

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

Form C-103
Revised 10-1-78

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DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease
State Fee

5. State Oil & Gas Lease No.
B-2052

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO OPEN 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 M 660 FEET FROM THE West LINE AND 660 FEET FROM
THE South LINE, SECTION 19 TOWNSHIP 19-S RANGE 37-E N.M.P.M.

7. Unit Agreement Name

8. Farm or Lease Name
New Mexico "G" State

9. Well No.
2

10. Field and Pool, or Wildcat
Eumont Queen Gas

11. Elevation (Show whether DF, RT, GR, etc.)
3691' 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 <u>Extension Request</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

- WELL STATUS - Shut-in (TR-NG - To Be Reconditioned-Natural Gas)
- TEMPORARY ABANDONMENT DATE - 1-3-78
- REASON FOR ABANDONMENT - Nonproductive
- FUTURE PLANS - Evaluate for remedial work or recompletion
- DATE OF FUTURE WORKOVER OR PLUGGING - 1st Quarter, 1980

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 August 1, 1979

APPROVED BY [Signature] TITLE Geologist DATE AUG 6 1979

CONDITIONS OF APPROVAL, IF ANY: