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MEXICO OIL CONSERVATION COMMISSION

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

5a. Indicate Type of Lease  
 State  Fee   
 5. State Oil & Gas Lease No.  
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**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 **E**, **660** FEET FROM THE **West** LINE AND **752** FEET FROM THE **South** LINE, SECTION **6**, TOWNSHIP **20S**, RANGE **37E** N.M.P.M.  
 7. Unit Agreement Name: ---  
 8. Farm or Lease Name: **J. R. Phillips**  
 9. Well No.: **6**  
 10. Field and Pool, or Wildcat: **Monument Paddock**  
 15. Elevation (Show whether DF, RT, GR, etc.): **3576' 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"/>	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

1. WELL STATUS - Abandoned Salvage Deferred
2. TEMPORARY ABANDONMENT DATE - January, 1966
3. REASON FOR ABANDONMENT - Not profitable to operate.
4. FUTURE PLANS - Hold for spare casing string
5. DATE OF FUTURE WORKOVER OR PLUGGING - December, 1975

*Expired 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: 10-21-74

APPROVED BY: \_\_\_\_\_ TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: