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# NEW MEXICO OIL CONSERVATION COMMISSION

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

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> <small>DON NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT - I" (FORM C-101) FOR SUCH PROPOSAL.</small>		1. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
		State Oil & Gas Lease No. <b>B-158</b>
2. Name of Operator <b>TEXACO Inc.</b>		Unit Agreement Name
3. Address of Operator <b>P. O. Box 728, Hobbs, New Mexico 88240</b>		Firm or Lease Name <b>NCT-10</b> <b>New Mexico 'BZ' State</b>
4. Location of Well UNIT LETTER <b>L</b> <b>989</b> FEET FROM THE <b>West</b> LINE AND <b>1980</b> FEET FROM THE <b>South</b> LINE, SECTION <b>2</b> TOWNSHIP <b>25-S</b> RANGE <b>37-E</b> N.M.P.M.		Well No. <b>3</b>
5. Field and Pool, or Wildcat <b>Tubb-Drinkard</b>		
15. Elevation (Show whether DF, RT, GR, etc.) <b>3178' DF</b>		County <b>Lea</b>

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"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER <b>Addition to C-103 of Sept. 24, 1971</b> <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.

**Set CIBP in Tubb-Drinkard string @ 5713'. This zone classed as TR-0 (To Be Recorditioned - 011) 9-19-71.**

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

SIGNED [Signature] TITLE **Asst. District Supt.**

DATE **May 23, 1973**

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_

DATE \_\_\_\_\_