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NEW MEXICO OIL CONSERVATION COMMISSION

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

5a. Indicate Type of Lease	
State <input checked="" type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. B-9946	

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name Northeast Caprock Queen Unit	
2. Name of Operator TEXACO Inc.	8. Farm or Lease Name Northeast Caprock Queen Unit	
3. Address of Operator P. O. Box 728 - Hobbs, New Mexico	9. Well No. 1121	
4. Location of Well UNIT LETTER D , 660 FEET FROM THE West LINE AND 660 FEET FROM THE North LINE, SECTION 21 TOWNSHIP 12-S RANGE 32-E NMPM.	10. Field and Pool, or Wildcat Caprock Queen	
	15. Elevation (Show whether DF, RT, GR, etc.) 4373' (D. F.)	12. County Lea

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"/> Convert to Water Injection	CASING TEST AND CEMENT JOBS <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 1703.

We propose to do the following work on subject well:

- Clean out to total depth if necessary.
- Run Gamma Ray Neutron Log with caliper.
- Run 2 3/8" Tubing with tension type packer, and connect for injection.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
SIGNED <u>H. D. Raymond</u>	TITLE <u>ASST. DIST. SUPT.</u>	DATE <u>APR 16 1965</u>
H. D. Raymond		
APPROVED BY <u></u>	TITLE <u></u>	DATE <u></u>
CONDITIONS OF APPROVAL, IF ANY:		