

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
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.	
E-362	

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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- Salt Water Disposal		7. Unit Agreement Name
2. Name of Operator TEXACO Inc.		8. Farm or Lease Name State 'A'
3. Address of Operator P. O. Box 728, Hobbs, New Mexico 88240		9. Well No. 3
4. Location of Well UNIT LETTER M , 990 FEET FROM THE South LINE AND 650 FEET FROM THE West LINE, SECTION 2 TOWNSHIP 11-S RANGE 37-E N.M.P.M.		10. Field and Pool, or Wildcat Echols (Devonian)
15. Elevation (Show whether DF, RT, GR, etc.) 3951' DF		12. County Lea

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐
OTHER ☐

PLUG AND ABANDON ☒
CHANGE PLANS ☐
OTHER ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOB ☐
OTHER ☐

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.

1. Pull 3 $\frac{1}{2}$ " tubing & packer.
2. Set cement retainer @ 11,600' & Squeeze perforations 11,662-82' and Open hole 11,690-11,712' w/100 sx. Class 'C' cement.
3. Cut 5 $\frac{1}{2}$ " casing & pull.
4. Load hole w/ mud & spot 100' (45 sx.) plug across 5 $\frac{1}{2}$ " casing stub.
5. ^{100' top shot top floor} Spot 100' (45 sx.) cement plug across casing shoe 4248-4348'.
6. ^{100' @ top 30 ft} Spot 10 sx. cement plug @ surface.
7. Install dry hole marker & clean location.

24 hr notice

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 3-1-73

APPROVED BY [Signature] TITLE Asst. Dist. Supt. DATE 3-1-73

CONDITIONS OF APPROVAL, IF ANY: