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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-1516	
7. Unit Agreement Name -	
8. Farm or Lease Name New Mexico "AR" State	
9. Well No. 1	
10. Field and Pool, or Wildcat Echols (Devonian)	
12. County Lea	

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. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER-		7. Unit Agreement Name -	
2. Name of Operator TEXACO Inc.		8. Farm or Lease Name New Mexico "AR" State	
3. Address of Operator P. O. Box 728 - Hobbs, New Mexico 88240		9. Well No. 1	
4. Location of Well UNIT LETTER C , 660 FEET FROM THE North LINE AND 1980 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.) 3957' (DF)		12. County Lea	

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 ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOBS ☐
OTHER **Shut Well In** ☒
ALTERING CASING ☐
PLUG AND ABANDONMENT ☐

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.

Subject well was shut-in effective 7:00 A.M., May 12, 1969.

It is requested that the well be re-classified from its present status to ASD (Abandoned-Salvage Deferred) - Held for Water Disposal.

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

SIGNED *[Signature]* TITLE **Assistant District Superintendent** DATE **October 21, 1969**

APPROVED BY *[Signature]* TITLE DATE **OCT 24 1969**
CONDITIONS OF APPROVAL, IF ANY: