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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.
B-9385

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 -
2. Name of Operator TEXACO INC.	8. Farm or Lease Name New Mexico "AN" State
3. Address of Operator P.O. BOX 728, HOBBS, NEW MEXICO 88240	9. Well No. 1
4. Location of Well UNIT LETTER <u>N</u> <u>660'</u> FEET FROM THE <u>South</u> LINE AND <u>1982'</u> FEET FROM THE <u>West</u> LINE, SECTION <u>22</u> TOWNSHIP <u>14-S</u> RANGE <u>33-E</u> NMPM.	10. Field and Pool, or Wildcat <u>Saunders-Wolfcamp</u>
15. Elevation (Show whether DF, RT, GR, etc.) 4216' 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 checked="" type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input checked="" 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 type="checkbox"/>	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 1103.

REMARKS

1. WELL STATUS - Abandoned Salvage Deferred
2. TEMPORARY ABANDONMENT DATE - January, 1968
3. REASON FOR ABANDONMENT - Not profitable to operate

4. FUTURE PLANS - Plug and abandon

5. DATE OF FUTURE WORKOVER OR PLUGGING - 1975

Expires 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 10-30-74

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: