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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  Fee

5. State Oil & Gas Lease No.  
**B-158**

**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 <b>TEXACO Inc.</b>	8. Farm or Lease Name <b>N.M. 'EZ' St. NCT-8</b>
3. Address of Operator <b>P. O. Box 728, Hobbs, New Mexico 88240</b>	9. Well No. <b>5</b>
4. Location of Well UNIT LETTER <b>C</b> , <b>660</b> FEET FROM THE <b>North</b> LINE AND <b>1980</b> FEET FROM THE <b>West</b> LINE, SECTION <b>16</b> TOWNSHIP <b>/ 23-S</b> RANGE <b>37-E</b> NMPM.	10. Field and Pool or Wildcat <b>Langlie Mattix Seven Rivers Queen</b>
15. Elevation (Show whether DF, RT, GR, etc.) <b>3310' GR</b>	12. County <b>Lea</b>

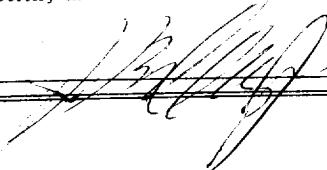
16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data  
NOTICE OF INTENTION TO:      SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input 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 type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER <input checked="" type="checkbox"/> <b>Change of Status</b>

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.

Please change the status on subject well from pumping to SI-O (Shut-In Oil) effective December 1, 1973.

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

SIGNED  TITLE **Asst. Dist. Supt.** DATE **12-17-73**

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: