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**RECEIVED**  
NEW MEXICO OIL CONSERVATION COMMISSION

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

1967

5a. Indicate Type of Lease	
State <input checked="" type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.	
State - B-8385-1	

**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 NONE
2. Name of Operator TEXACO Inc. ✓		8. Farm or Lease Name N. M. "AM" State NCT-3
3. Address of Operator P. O. Box 728 - Hobbs, New Mexico		9. Well No. 3
4. Location of Well UNIT LETTER <u>L</u> <u>1650</u> FEET FROM THE <u>South</u> LINE AND <u>660</u> FEET FROM THE <u>West</u> LINE, SECTION <u>11</u> TOWNSHIP <u>11-S</u> RANGE <u>27-E</u> NMPM.		10. Field and Pool, or Wildcat Coyote Queen
15. Elevation (Show whether DF, RT, GR, etc.) 3704' (GR.)		12. County Chaves

**Check Appropriate Box To Indicate Nature of Notice, Report or Other Data**

**NOTICE OF INTENTION TO:**

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>

**SUBSEQUENT REPORT OF:**

REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOBS <input type="checkbox"/>	OTHER <input checked="" type="checkbox"/> Shut In

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.

Subject well has been shut in,  
effective 7:00 A. M. February 1, 1962.  
(Last production was January, 1962).

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

SIGNED <u>J. G. Blevins, Jr.</u>	TITLE <u>Assistant District Superintendent</u>	DATE <u>October 2, 1967</u>
APPROVED BY <u>W. A. Gressett</u>	TITLE <u>Superintendent</u>	DATE <u>3 1967</u>
CONDITIONS OF APPROVAL, IF ANY:		