NO. OF COPICS RECEIVED		Form C-103
DISTRIBUTION	Hinn.	
SANTA FE	NEW MEXICO OIL CONSERVATION COMMISSION	Supersedes Old C-102 and C-103 FICE(Gettye 1-1-65
FILE	Apo 2r	
U.S.G.S.	APR 25 11	to Indicate Type of Leane
LAND OFFICE		20 still Fg ron ]
OPERATOR	NAMES OF THE PROPERTY OF THE P	5. State OH & Can Leane No.
		B <b>~3</b> 009
SUN (DO NOT USE THIS FORM FOR	NDRY NOTICES AND REPORTS ON WELLS	
USE "APPL	TRATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)	
OIL X GAS WELL	OTHER-	7. Unit Agreement Name West Lovington Unit
2. Name of Operator		8. Farm or Lease Name
TEXACO Inc.		West Lovington Unit
•	, Hobbs, New Mexico 88240	7
4. Location of Well	110000 1011 1011100	10. Field and Pool, or Wildcat
UNIT LETTER H	6601 FEET FROM THE East LINE AND 1980 FEET FROM	West Lovington
	2/0/	
THE North LINE, SI	ECTION 6 TOWNSHIP 17-S RANGE 137-E NMPM.	
THE THE PARTY OF T		
	15, Elevation (Show whether DF, RT, GR, etc.)	12, County
	39881 (CR)	Les
Chec	ck Appropriate Box To Indicate Nature of Notice, Report or Oth	er Data
NOTICE OF	FINTENTION TO: SHELEQUENT	REPORT OF:
PLPFORM REMEDIAL WORK	PLUG AND ABANDON   REMEDIAL WORK	
TEMPORARILY ABANDON	PLUG AND ABANDON   REMEDIAL WORK   COMMENCE DRILLING OPNS.	ALTERING CASING PLUG AND ABANDONMENT
PULL OR ALTER CASING	CHANGE PLANS CASING TEST AND CEMENT JOB	PEGG AND ABANDONMENT (
	OTHER Convert to Inject	tion [K]
отнея		
17. Describe Proposed or Complete	d Operations (Clearly state all pertinent details, and give pertinent dates, including	estimated date of starting any proposed
work) SEE RULE 1103.	Section (section) and the property of the graph of the section of	estimated days of antiting any proposed
THE FOLLOWING WO	RK HAS BEEN COMPLETED ON SUBJECT WELL:	
1. Pulled produ	ction rods and tubing.	
· A 50 70 70 70 70 70 70 70 70 70 70 70 70 70		
2. Ran 153 Join set @ 4616.	ts 2 3/8" O.D. internally plastic coated tubing wi	th packer and
3 - መጠተቀተማ <u>የ</u> ህ ሥ	bla inhibited water in ancing equiling	
	bls. inhibited water in casing annutus.	
h. Install surf	ace equipment and converted to water injection April	11 23, 1969.
•		
18. I hereby certify that the informa	ation above is true and complete to the best of my knowledge and belief.	
()/1/2	Assistant District	
SIGNED	TITLE Superintendent	DATE April 24, 1969
		DATE
	SUPERVISOR DISTRICT I	R po ou
APPROVED BY	MATON SURLIVIOUS	APR 2 8 1969

CONDITIONS OF APPROVAL, IF ANY: