

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

Form C-103  
Revised 10-1-73

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SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

3a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. B-9639

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.

WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- <u>Water Disposal Well</u>
Name of Operator TEXACO Inc.
Address of Operator P.O. Box 728, Hobbs, New Mexico 88240
Location of Well UNIT LETTER <u>D</u> <u>660</u> FEET FROM THE <u>North</u> LINE AND <u>660</u> FEET FROM THE <u>West</u> LINE, SECTION <u>24</u> TOWNSHIP <u>11S</u> RANGE <u>32E</u> NMPM.

7. Unit Agreement Name
8. Farm or Lease Name New Mexico "BO" State
9. Well No. 3
10. Field and Pool, or Wildcat Moore Devonian
12. County Lea

15. Elevation (Show whether DF, RT, GR, etc.)  
4348' DF

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

FORM 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"/>
REPAIR OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	Change Packer <input checked="" type="checkbox"/>

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.

MIRU. Pull tubing. Found hole. Pull and change packer. GIH w/tubing and packer. Set new Baker Model "D" packer at 8524'. Put 500# on casing, tubing and packer. Held pressure. Well returned to injecting water 9/12/84.

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

BY W. B. L. TITLE Dist. Opr. Mgr. DATE 5/9/85

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

CONDITIONS OF APPROVAL, IF ANY: