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HUBBS OFFICE O. C. C.  
NEW MEXICO OIL CONSERVATION COMMISSION

JUL 2 4 30 PM '69

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

5a. Indicate Type of Lease State <input type="checkbox"/> Fee <input checked="" type="checkbox"/>	
5. State Oil & Gas Lease No. -	
7. Unit Agreement Name Northeast Caprock Queen	
8. Farm or Lease Name Unit Northeast Caprock Queen	
9. Well No. Unit 13	
10. Field and Pool, or Wildcat Caprock Queen	
12. County Lea	

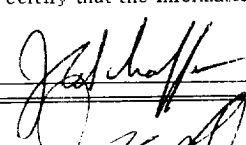
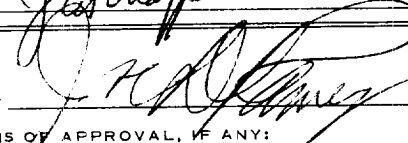
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)	
1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER-	
2. Name of Operator TEXACO Inc.	
3. Address of Operator P.O. Box 728 - Hobbs, New Mexico 88240	
4. Location of Well UNIT LETTER M , 660 FEET FROM THE South LINE AND 660 FEET FROM THE West LINE, SECTION 14 TOWNSHIP 12-S RANGE 32-E NMPM.	
15. Elevation (Show whether DF, RT, GR, etc.) 4355' (D.F.)	

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"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>
OTHER <input type="checkbox"/>	OTHER Shut Well In <input checked="" type="checkbox"/>
PLUG AND ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
CHANGE PLANS <input type="checkbox"/>	PLUG AND ABANDONMENT <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.

Subject well was shut in effective 7:00 A.M., July 2, 1969. It is requested that the well be reclassified from its present producing status to ASD (Abandoned, Salvage Deferred) - Held for future remedial work.

It is further requested that the allowable be set at zero.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
SIGNED 	TITLE Assistant District Superintendent	DATE July 2, 1969
APPROVED BY 	TITLE District Superintendent	DATE
CONDITIONS OF APPROVAL, IF ANY:		