

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
OPERATOR		

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 <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.
B-9946

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-	7. Unit: Agreement Name Northeast Caprock Queen Unit	
2. Name of Operator TEXACO Inc.	8. Farm or Lease Name Northeast Caprock Queen Unit	
3. Address of Operator P. O. Box 728 - Hobbs, New Mexico	9. Well No. 2414	
4. Location of Well UNIT LETTER N 330 FEET FROM THE South LINE AND 1650 FEET FROM THE West LINE, SECTION 14 TOWNSHIP 12-S RANGE 32-E NMPM.	10. Field and Pool, or Wildcat Caprock Queen	
15. Elevation (Show whether DF, RT, GR, etc.) 4349' (D. F.)	12. County Lea	

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 Convert to Water Injection <input checked="" type="checkbox"/>	OTHER <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 1703.

We propose to do the following work on subject well:

- Clean out to total depth if necessary.
- Run 2 3/8" Tubing with tension type packer, and connect for injection.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
SIGNED <u>H. D. Raymond</u>	TITLE <u>ASST. DIST. SUPT.</u>	DATE <u>APR 16 1965</u>
H. D. Raymond		
APPROVED BY <u></u>	TITLE <u></u>	DATE <u></u>
CONDITIONS OF APPROVAL, IF ANY:		