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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 Fee
5. State Oil & Gas Lease No.

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 GAS WELL 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 **I**, **1980** FEET FROM THE **South** LINE AND **660** FEET FROM THE **East** LINE, SECTION **16** TOWNSHIP **12-S** RANGE **32-E** NMPM.
7. Unit Agreement Name: **Northeast Caprock Queen Unit**
8. Part of Lease Name: **Northeast Caprock Queen Unit**
9. Well No.: **4**
10. Field and Pool, or Wildcat: **Caprock Queen**
15. Elevation (Show whether DF, RT, GR, etc.): **4379' GR**
12. County: **Lea**

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"/>	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"/>
PULL OR ALTER CASING <input type="checkbox"/>	" <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER Well Shut In <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 1103.
The status of this well was changed from pumping to TR-0, effective November 11, 1970. This well is being held for additional study.

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

SIGNED *[Signature]* TITLE **Assistant District Superintendent** DATE **November 12, 1970**

APPROVED BY *[Signature]* TITLE **SUPERVISOR DISTRICT 1** DATE **NOV 20 1970**

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED
JUN 18 1970
OIL COMPANY
1234 5678 910