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NEW MEXICO OIL CONSERVATION COMMISSION

JUN 12 3 35 PM '68

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

5a. Indicate Type of Lease State <input checked="" type="checkbox"/> For <input type="checkbox"/>	
5. State Oil & Gas Lease No. State - 259	
7. Unit Agreement Name Northeast Caprock Queen Unit	
8. Name of Lease Owner Northeast Caprock Queen Unit	
9. Well No. 7	
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 <input type="checkbox"/>
2. Name of Operator TEXACO Inc.
3. Address of Operator P. O. Box 728, Hobbs, New Mexico 88240
4. Location of Well UNIT LETTER <u>M</u> <u>660</u> FEET FROM THE <u>South</u> LINE AND <u>660</u> FEET FROM THE <u>West</u> LINE, SECTION <u>16</u> TOWNSHIP <u>12-S</u> RANGE <u>32-E</u> NMPM.
15. Elevation (Show whether DF, RT, GR, etc.) <u>4365' (Ground Level)</u>

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"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	OTHER <u>Shut Well in</u> <input checked="" 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 May 22, 1968, 7:00 A. M.
It is recommended that this well be reclassified from its present producing status to ASD-Held until abandonment of unit.

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

SIGNED <u>[Signature]</u>	TITLE <u>Assistant District Superintendent</u>	DATE <u>June 12, 1968</u>
APPROVED BY <u>[Signature]</u>	TITLE <u>Assistant District Superintendent</u>	DATE <u>June 12, 1968</u>
CONDITIONS OF APPROVAL, IF ANY:		