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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	
7. Unit Agreement Name Northeast Caprock Queen Unit	
8. Farm or Lease Name Northeast Caprock Queen Unit	
9. Well No. 2416	
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	
4. Location of Well UNIT LETTER N 1980 FEET FROM THE West LINE AND 660 FEET FROM THE South LINE, SECTION 16 TOWNSHIP 12-S RANGE 32-E NMPM.	
15. Elevation (Show whether DF, RT, GR, etc.) 4376' (D. F.)	

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"/>
PLUG AND ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
CHANGE PLANS <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
OTHER <input checked="" type="checkbox"/> Convert to Water Injection	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.

We propose to do the following work on subject well:

1. Clean out to total depth if necessary.
2. Run Gamma Ray Neutron Log with caliper.
3. 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 _____	TITLE _____	DATE _____
CONDITIONS OF APPROVAL, IF ANY:		

