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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 <input checked="" type="checkbox"/> Fee <input type="checkbox"/>	
5. State Oil & Gas Lease No. E-6927	
7. Unit Agreement Name N.E. Caprock Queen	
8. Farm or Lease Name N.E. Caprock Queen	
9. Well No. 3	
10. Field and Pool, or Wildcat Caprock Queen	
12. County Lea	

1. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER Water Injection	
2. Name of Operator Texas American Oil Corporation	
3. Address of Operator 300 West Wall, Suite 1012 - Midland, Texas 79701	
4. Location of Well UNIT LETTER J, 1980 FEET FROM THE South LINE AND 1980 FEET FROM THE East LINE, SECTION 16 TOWNSHIP 12-S RANGE 32-E NMPM.	
15. Elevation (Show whether DF, RT, GR, etc.) 4371'	

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"/>
PLUG AND ABANDON <input type="checkbox"/>	OTHER <input type="checkbox"/>
CHANGE PLANS <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
OTHER Change status from SI water injection to injection <input checked="" 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.

Changes in injection patterns are being made to maintain production .

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
SIGNED <u>R. D. Henson</u>	TITLE <u>Production Superintendent</u> DATE <u>8-14-79</u>
APPROVED BY <u>Jerry Sexton</u> TITLE <u>Dist. L. Supv.</u> DATE <u>AUG 16 1979</u>	
CONDITIONS OF APPROVAL, IF ANY:	

RECEIVED
AUG 15 1970
O.C.D. HOBBS, OFFICE