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NEW MEXICO OIL CONSERVATION COMMISSION

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

OCT 7 3 34 PM '65

5a. Indicate Type of Lease
State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.
2-2062

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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- Water Injection	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. 10
4. Location of Well UNIT LETTER P , 660 FEET FROM THE South LINE AND 660 FEET FROM THE East LINE, SECTION 16 TOWNSHIP 12-S RANGE 32-E NMPM.	10. Field and Pool, or Wildcat Caprock Queen
15. Elevation (Show whether DF, RT, GR, etc.) 4367' (D. F.)	12. County Lea

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER Change to Water Injection Well <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 following work has been completed on subject well:

1. Pull rods and tubing.
2. Run 2-3/8" plastic coated tubing, and set at 2982'.
3. Water Injection well completion, July 26, 1965.

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

SIGNED Don Hilliett TITLE Assistant District Superintendent DATE October 7, 1965

APPROVED BY _____ TITLE _____ DATE _____