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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.
B-9946

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 P 660 FEET FROM THE South LINE AND 660 FEET FROM THE East LINE, SECTION 16 TOWNSHIP 12-S RANGE 32-E N.M.P.M.

7. Unit Agreement Name
Northeast Caprock Queen Unit

8. Farm or Lease Name
Northeast Caprock Queen Unit

9. Well No.
4416

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:

SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOB ☐

ALTERING CASING ☐
PLUG AND ABANDONMENT ☐

OTHER ☐ Convert to Water Injection

OTHER ☐

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 H. D. Raymond TITLE ASST. DIST. SUPT. DATE APR 16 1965
H. D. Raymond

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: