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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	
7. Unit Agreement Name Northeast Caprock Queen Unit	
8. Farm or Lease Name Northeast Caprock Queen Unit	
9. Well No. 4420	
10. Field and Pool, or Wildcat Caprock Queen	
12. County Lea	

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER-	
2. Name of Operator TEXACO Inc.	
3. Address of Operator P. O. Box 728 - Hobbs, New Mexico	
4. Location of Well UNIT LETTER H, 1980 FEET FROM THE North LINE AND 661 FEET FROM THE East LINE, SECTION 20 TOWNSHIP 12-S RANGE 32-E NMPM.	
15. Elevation (Show whether DF, RT, GR, etc.) 4375' (D. F.)	

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

NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
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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 checked="" type="checkbox"/> Convert to Water Injection	CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER <input type="checkbox"/>

7. 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:

- Clean out to total depth if necessary.
- 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:		