

NEW MEXICO OIL CONSERVATION COMMISSION

| | | |
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| LAND OFFICE | | |
| OPERATOR | | |

| | |
|--------------------------------|---|
| 5a. Indicate Type of Lease | |
| State <input type="checkbox"/> | Fee <input checked="" type="checkbox"/> |
| 5. State Oil & Gas Lease No. | |
| Fee | |
| 7. Unit Agreement Name | |
| Northeast Caprock Queen Unit | |
| 8. Farm or Lease Name | |
| Northeast Caprock Queen Unit | |
| 9. Well No. | |
| 34 | |
| 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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- Water Injection |
| 2. Name of Operator |
| TEXACO Inc. |
| 3. Address of Operator |
| P.O. BOX 728 - HOBBS, NEW MEXICO 88240 |
| 4. Location of Well |
| UNIT LETTER L , 330 FEET FROM THE West LINE AND 2310 FEET FROM 1980 |
| THE South LINE, SECTION 21 TOWNSHIP 12-S RANGE 32-E NMPM. |
| 15. Elevation (Show whether DF, RT, GR, etc.) |
| 4369' DF |

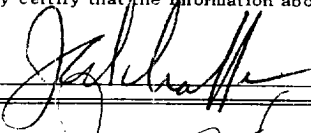
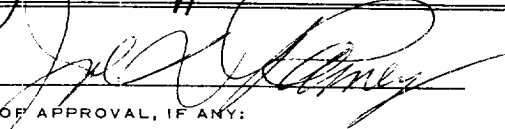
16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

| | |
|--|---|
| 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 JOBS <input type="checkbox"/> |
| OTHER <input type="checkbox"/> | OTHER Change to Water Injection SI <input checked="" type="checkbox"/> |
| PLUG AND ABANDON <input type="checkbox"/> | ALTERING CASING <input type="checkbox"/> |
| CHANGE PLANS <input 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.

The status of this well was changed from Injection to Shut In-Injection effective November 11, 1970. This well is being held for additional study.

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

| | | |
|---|--|-------------------------------|
| SIGNED  | TITLE Assistant District Superintendent | DATE November 13, 1970 |
| APPROVED BY  | TITLE SUPERVISOR DISTRICT 1 | DATE Nov 13 1970 |
| CONDITIONS OF APPROVAL, IF ANY: | | |