	-1 .		
NO. OF COPIES RECEIVED			Form C-103 Supersedes Old
DISTRIBUTION	_		C-102 and C-103
SANTA FE	NEW MEXICO OIL CONSI	ERVATION COMMISSION	Effective 1-1-65
FILE		Art 7 cm	
U.S.G.S.	-	or 7, 3 cz . N 25	Sa. Indicate Type of Lease State Fee X
LAND OFFICE		- 0	
OPERATOR			5. State Oil & Gas Lease No.
	······································		
(DO NOT USE THIS FORM FOR PR USE "APPLICA	RY NOTICES AND REPORTS ON DOPOSALS TO DRILL OF TO DEEPEN OR PLUG BU	WELLS ACK TO A DIFFERENT RESERVOIR. H PROPOSALS.)	
1.			7. Unit Agreement Name Northeast Caprock Queen
	OTHER- Water Injection		Unit
2. Name of Operator			8. Farm or Lease Name
	TEXACO Inc.		Northeast Caprock Queen Unit
3. Address of Operator			9. Well No.
	P.O. Box 728 -	Hobbs, New Mexico	34
4. Location of Well	330	2310	10. Field and Pool, or Wildcat
	660 FEET FROM THE West	LINE AND FEET FROM	Caprock Queen
THE South LINE SECT	10N 21 TOWNSHIP 12-S	RANGE 32-E NMPM	
			ΔΗΠΗΠΗΠΗΠΗ
	15. Elevation (Show whether		12. County
\mathcal{L}	<u>11111 1365</u>	91 (D. F.)	Lea Alllllll
16. Check	Appropriate Box To Indicate N	ature of Notice, Report or Ot	her Data
	INTENTION TO:	SUBSEQUEN	T REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON		COMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING	CHANGE PLANS	CASING TEST AND CEMENT JOB	·
		DTHER Change to Wate:	r Injection Well
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.

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x *

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 2980'.

3. Water Injection well completion July 26, 1965.

13. I hereby certify ny: the information above is true and complete to the best of my knowledge and belief.						
S GNED_ Cam Hillett		Assistant District	DATE_	October 7, 1965		
Dan Gillo(t		Superintendent				
APPROVED BY	TITLE _	46	DATE			

CONDITIONS OF APPROVAL, IF ANY: