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NEW MEXICO OIL CONSERVATION COMMISSION

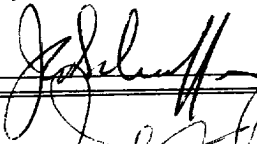
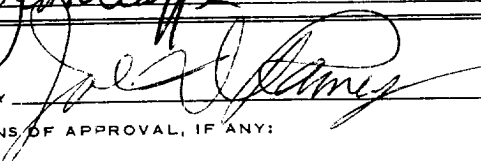
Form C-103  
Supersedes Old  
C-102 and C-103  
Effective 1-1-65

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.)		5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>	
1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- <input type="checkbox"/>		5. State Oil & Gas Lease No.	
2. Name of Operator TEXACO Inc.		7. Unit Agreement Name Northeast Caprock Queen Unit	
3. Address of Operator P. O. Box 728 - Hobbs, New Mexico 88240		8. Farm or Lease Name Northeast Caprock Queen Unit	
4. Location of Well UNIT LETTER C, 1980 FEET FROM THE West LINE AND 660 FEET FROM THE North LINE, SECTION 21 TOWNSHIP 12-S RANGE 32-E NMPM.		8. Well No. 18	
15. Elevation (Show whether DF, RT, GR, etc.) 4381' DF		10. Field and Pool, or Wildcat Caprock Queen	
12. County Lea			

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"/>	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"/>		CASING TEST AND CEMENT JOBS <input type="checkbox"/>	
OTHER <input type="checkbox"/>		OTHER Well Shut In <input checked="" 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 pumping to TR-0, effective November 11, 1970. This well is being held for addition 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 12, 1970
APPROVED BY 	TITLE SUPERVISOR	DATE NOV 16 1970
CONDITIONS OF APPROVAL, IF ANY:		

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Check appropriate box to indicate nature of notice, report or other document.

NOTICE OF INTENTION TO

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

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

APPROVED BY

TITLE

SIGNED

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