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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. E-7049	
7. Unit Agreement Name Northeast Caprock Queen Unit	
8. Farm or Lease Name Northeast Caprock Queen Unit	
9. Well No. 30	
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.)

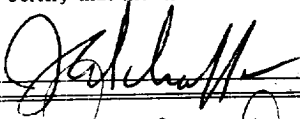
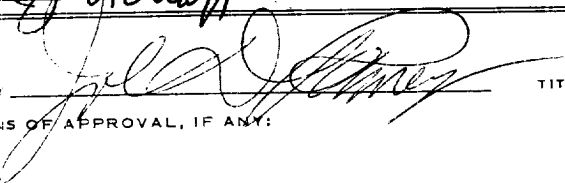
1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- Water Injection
2. Name of Operator TEXACO Inc.
3. Address of Operator P.O. BOX 728 - HOBBS, NEW MEXICO 88240
4. Location of Well UNIT LETTER F , 1980 FEET FROM THE West LINE AND 1980 FEET FROM THE North LINE, SECTION 21 TOWNSHIP 12-S RANGE 32-E NMPM.

15. Elevation (Show whether DF, RT, GR, etc.) 4370' (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 JOB <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 is 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	DATE 11/13/70
CONDITIONS OF APPROVAL, IF ANY:		