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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 Fee

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 GAS WELL 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** N.M.P.M.

15. Elevation (Show whether DF, RT, GR, etc.)
4370' (DF)

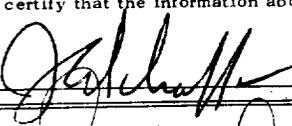
16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

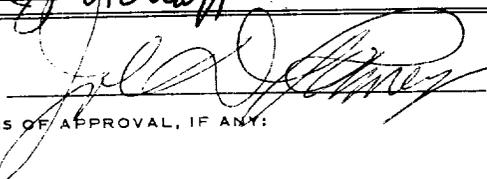
| | | | |
|--|---|---|---|
| NOTICE OF INTENTION TO: | | SUBSEQUENT REPORT OF: | |
| PERFORM REMEDIAL WORK <input type="checkbox"/> | PLUG AND ABANDON <input type="checkbox"/> | REMEDIAL WORK <input type="checkbox"/> | ALTERING CASING <input type="checkbox"/> |
| TEMPORARILY ABANDON <input type="checkbox"/> | 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 type="checkbox"/> | CASING TEST AND CEMENT JOB <input type="checkbox"/> | OTHER Change to Water Injection SI <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 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: