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RECEIVED  
NEW MEXICO OIL CONSERVATION COMMISSION  
JUN 16 1976  
O. C. C.  
ARTESIA, OFFICE

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

|                                                                                                                                                                                                            |                                                           |                                                                                                          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| SUNDY NOTICES AND REPORTS ON WELLS<br>(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO REOPEN OR PLUG BACK TO A DIFFERENT RESERVOIR.<br>USE APPLICATION FOR PERMIT - M (FORM C-101) FOR SUCH PROPOSALS.) |                                                           | 5a. Indicate Type of Lease<br>State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> |
| 1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- Water Injection                                                                                                              |                                                           | 5. State Oil & Gas Lease No.                                                                             |
| 2. Name of Operator<br>Texas American Oil Corporation                                                                                                                                                      |                                                           | 7. Unit Agreement Name<br>Northeast Caprock Queen Unit                                                   |
| 3. Address of Operator<br>300 West Wall, Suite 1012, Midland, Texas 79701                                                                                                                                  |                                                           | 8. Term of Lease (Years)<br>Northeast Caprock Queen Unit                                                 |
| 4. Location of Well<br>UNIT LETTER C, 660 FEET FROM THE North LINE AND 1980 FEET FROM THE East LINE, SECTION 21 TOWNSHIP 12-S RANGE 32-E N.M.P.M.                                                          |                                                           | 9. Well No.<br>1 19                                                                                      |
|                                                                                                                                                                                                            | 10. Field and Pool, or Wildcat<br>Caprock Queen           |                                                                                                          |
|                                                                                                                                                                                                            | 11. Elevation (Show whether DF, RT, GR, etc.)<br>4367' DF | 12. County<br>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"/>                               | 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 Request extension of TA Status <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.

Periodic changes in producing and injection patterns will be made to maintain production.

Expire 10-1-76

|                                                                                                              |                                        |                    |
|--------------------------------------------------------------------------------------------------------------|----------------------------------------|--------------------|
| 18. I hereby certify that the information above is true and complete to the best of my knowledge and belief. |                                        |                    |
| SIGNED <u>Robert L. Thurman</u>                                                                              | TITLE <u>Production Superintendent</u> | DATE <u>6-9-76</u> |
| APPROVED BY _____                                                                                            | TITLE _____                            | DATE _____         |
| CONDITIONS OF APPROVAL, IF ANY:                                                                              |                                        |                    |