NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

Oct 7 3 37 M '65

5a. Indicate Type of Lease
State [X]   Fee [ ]

5. State Oil & Gas Lease No.
-9946

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

7. Unit Agreement Name
Northeast Caprock Queen Unit

2. Name of Operator
TEXACO Inc.

8. Farm or Lease Name
Northeast Caprock Queen Unit

3. Address of Operator
P.O. Box 728 - Hobbs, New Mexico

9. Well No.
23

4. Location of Well

UNIT LETTER __B__, __1981__ FEET FROM THE __East__ LINE AND __660__ FEET FROM

THE __North__ LINE, SECTION __22__ TOWNSHIP __12-S__ RANGE __32-E__ NMPM.

10. Field and Pool, or Wildcat
Caprock Queen

15. Elevation (Show whether DF, RT, GR, etc.)
4349' (D. F.)

12. County
Lea

16.

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK [ ]   PLUG AND ABANDON [ ]
TEMPORARILY ABANDON [ ]
PULL OR ALTER CASING [ ]   CHANGE PLANS [ ]

OTHER _____ [ ]

SUBSEQUENT REPORT OF:

REMEDIAL WORK [ ]   ALTERING CASING [ ]
COMMENCE DRILLING OPNS. [ ]   PLUG AND ABANDONMENT [ ]
CASING TEST AND CEMENT JOB [ ]
OTHER Change to Water Injection Well [ ]

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 following work has been completed on subject well:

1. Pull rods and tubing.

2. Run 2-3/8" plastic coated tubing, and set at 2966'.

3. Water Injection well completion July 26, 1965.

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 __October 7, 1965__
Dan Gillett

APPROVED BY _____   TITLE _____   DATE _____

CONDITIONS OF APPROVAL, IF ANY: