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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 <input checked="" type="checkbox"/>	Fee <input type="checkbox"/>

5. State Oil & Gas Lease No.
B-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 <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- Water Injection	7. Unit Agreement Name Northeast Caprock
2. Name of Operator TEXACO Inc.	8. Name of Lease Name Queen Unit
3. Address of Operator P. O. Box 728 - Hobbs, New Mexico 88240	9. Well No. 31
4. Location of Well UNIT LETTER H , 560 FEET FROM THE East LINE AND 1650 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 LF, RT, GR, etc.) 4346' (DF)	12. County Lea
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Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

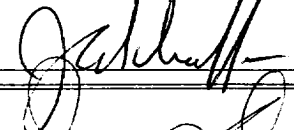
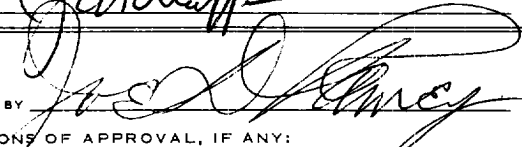
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>		COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER <input type="checkbox"/>		OTHER Shut well 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.

Subject well shut-in effective 7:00 AM, August 26, 1970.

It is requested that the well be reclassified from its present status to ASD (abandoned - salvage deferred) - Held for abandonment of Unit.

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 August 26, 1970
APPROVED BY 	TITLE SUPERVISOR DISTRICT	DATE AUG 28 1970
CONDITIONS OF APPROVAL, IF ANY:		