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NEW MEXICO OIL CONSERVATION COMMISSION

OCT 7 3 51 PM '65

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. 2-8916
7. Unit Agreement Name Northeast Caprock Queen Unit
8. Farm or Lease Name Northeast Caprock Queen Unit
9. Well No. 31
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
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.
15. Elevation (Show whether DF, RT, GR, etc.) 4346' (D. F.)

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 JOBS <input type="checkbox"/>	OTHER Change to Water Injection Well <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 following work has been completed on subject well:

1. Pull rods and tubing.
2. Run 2-3/8" plastic coated tubing, and set at 2986'.
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 Don Hille TITLE Assistant District Superintendent DATE October 7, 1965

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: