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NEW MEXICO OIL CONSERVATION COMMISSION

RECEIVED

JUN 16 1976

O. C. C.
ARTESIA, OFFICE

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

SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO REOPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE APPLICATION FOR PERMIT TO DRILL (FORM C-101) FOR SUCH PROPOSALS.)		50. Indicate Type of Lease State ☒ Fee ☐
1. ☐ OIL WELL ☐ GAS WELL ☐ OTHER- <u>Water Injection TA</u>		5. State Oil & Gas Lease No. <u>E-473-1</u>
2. Name of Operator <u>Texas American Oil Corporation</u>		7. <u>Northeast Caprock Queen Unit</u>
3. Address of Operator <u>300 West Wall, Suite 1012, Midland, Texas 79701</u>		8. <u>Northeast Caprock Queen Unit</u>
4. Location of Well UNIT LETTER <u>D</u> <u>660</u> FEET FROM THE <u>North</u> LINE AND <u>660</u> FEET FROM THE <u>West</u> LINE, SECTION <u>23</u> TOWNSHIP <u>12-S</u> RANGE <u>32-E</u> N.M.P.M.		9. Well No. <u>25</u>
15. Elevation (Show whether DF, RT, GR, etc.) <u>4355 DF</u>		10. Field and Pool, or Wildcat <u>Caprock Queen</u>
		12. County <u>Lea</u>

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK ☐	REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐	COMMENCE DRILLING OPS. ☐
PULL OR ALTER CASING ☐	CASING TEST AND CEMENT JOBS ☐
OTHER ☐	OTHER <u>Request extension of TA Status</u> ☒
PLUG AND ABANDON ☐	ALTERING CASING ☐
CHANGE PLANS ☐	PLUG AND ABANDONMENT ☐

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.

Expires 10-1-76

8. I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
SIGNED <u>Robert L. Thurnham</u>	TITLE <u>Production Superintendent</u> DATE <u>6-9-76</u>
RECEIVED BY <u>Jerry Sexton</u> TITLE <u>Land L. Supv.</u> DATE <u>JUN 18 1976</u>	
CONDITIONS OF APPROVAL, IF ANY:	