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NEW MEXICO OIL CONSERVATION COMMISSION

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 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 <u>F</u> , <u>1980</u> FEET FROM THE <u>West</u> LINE AND <u>1980</u> FEET FROM THE <u>North</u> LINE, SECTION <u>23</u> TOWNSHIP <u>12-S</u> RANGE <u>32-E</u> NMPM.

5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>	
5. State Oil & Gas Lease No. 7-6927	
7. Unit Agreement Name Northeast Caprock Queen Unit	
8. Farm or Lease Name Northeast Caprock Queen Unit	
9. Well No. 33	
10. Field and Pool, or Wildcat Caprock Queen	
12. County 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 <u>Change to Water Injection Well</u> <input 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.

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 2963'.
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 <u>Dan Sillett</u>	TITLE <u>Assistant District Superintendent</u>	DATE <u>October 7, 1965</u>
APPROVED BY <u></u>	TITLE <u></u>	DATE <u></u>

CONDITIONS OF APPROVAL, IF ANY: